Saskatchewan Cancer Agency

Celebrating our Milestones

1930 - 2005

75 years

Excellence in Cancer Care

Annual Report 2005-06

Saskatchewan Cancer Agency

2007-00063

CONTENTS

Letter of Transmittal 2
Mission, Vision and Values 3
Board of Directors 4
Management Coordinating Committee 4
Report of the Chairperson and Chief Executive Officer 5
2005-06 Results at a Glance 7
2005-06 Performance Results 10
Future Outlook/Emerging Issues 18
Management Discussion and Analysis 19
Report of Management 22
Financial Statements 23
Payee Disclosure List 39
Statistical Information 42
Research Projects 44
Clinical Trials 47
Publications 48
Abstracts and Proceedings 52
Sylvia Fedoruk Prize in Medical Physics 55
Contact Information and Donations 56

WHO WE ARE

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Foundation Act* and is committed to the provision of quality care and cancer control for the province of Saskatchewan. Services are provided through several divisions: Allan Blair Cancer Centre (ABCC) in Regina, Saskatoon Cancer Centre (SCC), Health Research (Saskatoon), Prevention & Early Detection, Information Management, Education & Corporate Affairs, Human Resources and Finance. Within these divisions are over 40 departments with approximately 356 full-time employees.

The Agency's goal is to reduce cancer incidence, morbidity and mortality through research, education, prevention and early detection, treatment and supportive care.

2007-00063

CONTENTS

Letter of Transmittal 2
Mission, Vision and Values 3
Board of Directors 4
Management Coordinating Committee 4
Report of the Chairperson and Chief Executive Officer 5
2005-06 Results at a Glance 7
2005-06 Performance Results 10
Future Outlook/Emerging Issues 18
Management Discussion and Analysis 19
Report of Management 22
Financial Statements 23
Payee Disclosure List 39
Statistical Information 42
Research Projects 44
Clinical Trials 47
Publications 48
Abstracts and Proceedings 52
Sylvia Fedoruk Prize in Medical Physics 55
Contact Information and Donations 56

WHO WE ARE

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Foundation Act* and is committed to the provision of quality care and cancer control for the province of Saskatchewan. Services are provided through several divisions: Allan Blair Cancer Centre (ABCC) in Regina, Saskatoon Cancer Centre (SCC), Health Research (Saskatoon), Prevention & Early Detection, Information Management, Education & Corporate Affairs, Human Resources and Finance. Within these divisions are over 40 departments with approximately 356 full-time employees.

The Agency's goal is to reduce cancer incidence, morbidity and mortality through research, education, prevention and early detection, treatment and supportive care.

LETTER OF TRANSMITTAL

The Honourable Len Taylor
Minister of Health

The Honourable Graham Addley
Minister of Healthy Living Services

Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Taylor and Minister Addley:

As the Chairperson of the Saskatchewan Cancer Agency Board of Directors, I have the honour to submit herewith the report of the activities of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2006.

Respectfully submitted,

Mr. Gary Semenchuck
Chairperson

MISSION

To deliver effective and sustainable research, education, prevention, early detection, treatment, and supportive care programs for the control of cancer in Saskatchewan.

VISION

Excellence in patient care and cancer control.

VALUES [1]

Patient/family-driven focus - We strive to understand the needs of those we serve and to continuously improve our processes in response to those needs.

Holistic focus - We focus on the whole person addressing their physical, emotional, mental, social, spiritual and intellectual aspects of being.

Respect for people - We treat all people with respect and give them the opportunity to be involved. This applies to patients, staff, clients, the general public and our colleagues in the cancer control field.

Openness and trust - We listen and learn from each other in an open and trusting manner. We share information and knowledge with patients, clients, staff, the public and our colleagues.

Interdisciplinary approach - We focus on achieving our mission and vision by examining all points of view and welcoming all contributions of knowledge and insight.

Continuous learning and improvement - We continuously work to improve on everything we do and to deepen our understanding of our work and the conditions that affect it.

Collegiality and teamwork - We foster institutional pride and commitment, recognizing the contribution of our colleagues throughout the Agency. Our staff enjoy a working environment that is motivating, rewarding, collegial and characterized by teamwork.

Support for individual development - We evaluate what we do, focusing on outcomes and data-driven continuous improvement.

A spirit of inquiry - We value creativity, innovation, adaptability and critical inquiry because continuous improvement, a rewarding work environment, breakthrough in research and quality care depends on them.

Maintain a balance - We are committed to an effective balance between service, workload, academic activity and a commitment to the equitable distribution of resources.

Effective planning - We are committed to effective planning for the system as a whole and to effective decisions regarding the planning of the use of resources for our programs and services.

Collaboration with partners - We commit to working effectively with our partners provincially, nationally and internationally to achieve our mutual goals.

[1] These values were adapted from the values articulated by the BC Cancer Agency based on a national framework.

BOARD OF DIRECTORS

Gary Semenchuck (Chairperson)	Regina	Diana Ermel	Regina
Audrey Ahenakew	Saskatoon	Mary Gilliland	Saskatoon
Dr. William Albritton	Saskatoon	Gordon Joyce	Regina
Carol Beck	Prince Albert	Don Leitch	Unity
Denis Caron	Saskatoon	Dr. Fred Morris	Moose Jaw
		Jon Schubert	Regina

(as of March 31, 2006)

Standing from left to right are Audrey Ahenakew, Denis Caron, Jon Schubert, Gordon Joyce and Diana Ermel.
Seated from left to right are Don Leitch, Gary Semenchuck and Carol Beck.
Missing from the photo are Dr. William Albritton, Mary Gilliland and Dr. Fred Morris.

MANAGEMENT COORDINATING COMMITTEE

Bob Allen	Chief Executive Officer	Dr. David Popkin	Executive Director Saskatoon Cancer Centre
Dennis Karakochuk	Executive Director Human Resources	Ivan Olfert	Associate Executive Director Saskatoon Cancer Centre
Dr. Ten Suan Goh	Executive Director Allan Blair Cancer Centre	Dr. Svein Carlsen	Executive Director Health Research
Huguette Gauthier	Associate Executive Director Allan Blair Cancer Centre	Bill Morton	Executive Director Information Management
Lois Harrison	Executive Director Prevention & Early Detection	Kevin Lacey	Executive Director Finance

(as of March 31, 2006)

REPORT OF THE CHAIRPERSON AND CHIEF EXECUTIVE OFFICER

It is our pleasure to provide the following report of activities for the Saskatchewan Cancer Agency during the 2005-06 fiscal year.

Saskatchewan Cancer Agency Celebrates 75 Years of Cancer Control in the Province

In 1930 an Act of the Provincial Legislature was passed creating the Saskatchewan Cancer Commission. With this Act, Saskatchewan became one of the first jurisdictions in Canada to introduce a province-wide cancer control program.

We were pleased to officially celebrate the Agency's 75th anniversary by hosting Dr. Robert Buckman: renowned cancer specialist, author and TV personality from Toronto. Dr. Buckman gave two presentations to staff in Regina and Saskatoon on communicating with patients and another presentation to the public in Saskatoon entitled, "Cancer is a Word not a Sentence."

The Agency's milestones over the past 75 years are chronologically highlighted in the annual report beginning on page 7. The Board and staff of the Agency are proud to be a part of 75 years of providing cancer services to the people of Saskatchewan.

Board Membership

The Agency's Board of Directors is appointed by the Minister of Health and has representatives from the College of Physicians and Surgeons and the Canadian Cancer Society - Saskatchewan Division, as well as the Dean of the College of Medicine, University of Saskatchewan. There is also representation across the province from the business sector, cancer advocates and cancer survivors.

Terms ended in summer 2005 for Marion Heavin from Melfort, who served for seven years and Dolores Herring from Weyburn, who served for three years. We thank them for their outstanding service to the Agency.

We were pleased to welcome new Board members Denis Caron from Saskatoon, Gordon Joyce from Regina (Canadian Cancer Society) and Jon Schubert from Regina.

Medical Appointments

On recommendation of management, the Board approved the following medical appointments:

- **Allan Blair Cancer Centre**
  - Dr. Monica Behl - Radiation Oncologist
- **Saskatoon Cancer Centre**
  - Dr. Christian Fibich - Hematologist
  - Dr. Vijayananda Kundapur - Radiation Oncologist
  - Dr. Felician Mbuyi - Clinical Associate (temporary)
  - Dr. Brad Sperling - Clinical Associate (part-time)

Saskatchewan Cancer Agency Operational Review

The Agency began working in 2005 with Saskatchewan Health and external consultants on a review of our mandate, governance and operations. Our objective was to take a careful inventory of what we aim to achieve, what is expected of us, how we organize and govern our affairs and the effectiveness of our current model for providing services.

As we entered 2006, more than 50 Saskatchewan clinicians, service providers and Saskatchewan Health officials collaborated with a highly experienced team of consultants on a plan that will clearly outline the role and scope of services to be offered through the Agency's cancer centres and community oncology centres, in partnership with the health regions and other external stakeholders.

This made-in-Saskatchewan plan will provide an exciting opportunity to develop an integrated service delivery model that ensures coordination among communities, physicians, hospitals and the cancer centres. We envision a seamless system of care that is centred on the needs of patients irrespective of the organization providing care at a specific point in time. Our new plan has three primary areas of focus, which include the following:

- The Clinical Directional Plan, which is a detailed vision for developing integrated service delivery in:
  - Medical Oncology
  - Radiation Oncology
  - Community Oncology (through the COPS program - see page 11 and 12 for the program description)
  - Pediatric Oncology
  - Malignant Hematology/Stem Cell Transplant (see page 11 for the program description)
- Implementing Pharmaceutical Recommendations
  - Last year, a Pharmacy Task Force made a number of recommendations to strengthen the Agency's management of cancer drugs. We will continue working with Saskatchewan Health and the health regions this year to implement these recommendations.
- Partnership Framework Agreement
  - We are working toward developing a strong Partnership Framework Agreement between the Agency and the health regions. This agreement will clarify our respective roles and responsibilities and recognize our interdependency as we plan and deliver cancer control, prevention and treatment services.

Implementation and progress on the recommendations from the Operational Review will be reported on in the Agency's 2006-07 annual report. To obtain a copy of the review in its entirety, please visit our website at www.saskcancer.ca.

Canadian Strategy for Cancer Control (CSCC)

With the soaring costs of cancer drugs, international shortages of health care professionals and ever-increasing funding challenges, cooperation and collaboration at a national level is paramount to ensuring efficient and sustainable cancer programs.

Through efforts of the Canadian Association of Provincial Cancer Agencies, the Canadian Cancer Society, the National Cancer Institute of Canada and all levels of government, progress continues to be made to develop a national strategy for cancer control. We were pleased the federal government announced in its 2006-07 budget that the CSCC would receive $260 million in funding over the next five years. This commitment from the federal government will go a long way in helping to implement a national strategy.

In conclusion

In this our 75th year of service to Saskatchewan residents, we would like to take this opportunity to thank those who came before us for establishing a tradition of excellence in providing cancer care and services, which our staff proudly continues.

On behalf of the Board and management, we would like to thank our staff and volunteers for their continuing commitment and dedication to the Agency, as well as to our patients and clients. We would also like to recognize our many partners and other health sector organizations for their efforts over the past year and especially with their involvement in our Operational Review, and for their continued involvement and support as we move to implement the recommendations.

Gary Semenchuck
Chairperson

Bob Allen
Chief Executive Officer

2005-06 RESULTS AT A GLANCE

Integration of Action Plan for Saskatchewan Health Care
In December 2001 Saskatchewan Health unveiled Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care. The action plan is a blueprint for the future of health services in Saskatchewan. Emerging from the action plan were four long-term goals towards achieving a sustainable health system. To this end, we would like to highlight the Agency's progress under these four goals.

1929

The Saskatchewan Medical Association recommended to the Minister of Health that a cancer treatment program be established.

Goal One: Improved access to quality health services

- ***Improving Access to Services***
  During 2005-06 the Agency implemented a number of initiatives to help improve access to services provided by our organization. These initiatives included new patient orientation sessions, referral system process review, wait time task force, efficiency and optimization meetings and projects, two additional chemotherapy registered nurses (ABCC), $700,000 worth of new treatment planning equipment (ABCC and SCC), $315,000 for renovations and installation of a new $2.3 million linear accelerator (SCC), $390,000 orthovoltage unit (ABCC) and $4.2 million increased investment in drugs.

  Despite all of this hard work and investment, the Agency continues to see oncology services not keeping up with demand. In response, the Agency proposed a number of initiatives to improve access to services. Saskatchewan Health has committed one-time funding specifically targeted to improving access to care projects by approving five projects and supporting the development of three others. We will provide a progress report in the Agency's 2006-07 annual report.

  Project 1: Medical Oncology Clinical Associate Support (underway)
  Recruit a temporary full-time clinical associate (a clinical associate is a licensed medical doctor that provides support to the Agency's oncologists) for each treatment division to support each medical oncology department for up to a one-year period.

  Project 2: Patient Scheduling (underway)
  Enhance the resources available for scheduling patient appointments and reporting by hiring additional support staff at each cancer centre.

  Project 3: Physician Information and Education (underway)
  - Sub-project A: Family Practice Oncology Network Set-up
    Establish the Family Practice Oncology Network that has been envisioned within the Agency's Clinical Directional Plan.
  - Sub-project B: Community Physician Extranet
    Establish a high-quality, informative extranet site for community physicians.
  - Sub-project C: Biannual Community Physician Conference
    Establish an ongoing biannual community physician conference in support of the Family Practice Oncology Network.

1930

The Saskatchewan Cancer Commission Act was passed authorizing a commission to provide cancer services. Saskatchewan became one of the first jurisdictions in Canada to offer a province-wide cancer control program.

Project 4: Central Support Line/Triage Nursing (underway)
Develop a central support line to allow inquiries of cancer patients to be addressed in a timely fashion at each cancer centre. Project to include developing standard operating procedures to manage calls, establishing the necessary technological infrastructure and establishing the staffing complement.

Project 5: Care Team Optimization Report (in development)
Develop a Care Team Optimization Report, which would include options and recommendations on how the organization could maximize the use of specialists, associates, hospitalists and advanced practice nurses as part of the provision of cancer services.

Project 6: Palliative Care Program (in development)
Formalize a palliative care program within the Agency. The project will include establishing position descriptions and creation of formal palliative care linkages at each cancer centre with palliative programming in all health regions and creation of pain and symptom control clinics at each centre.

Project 7: Treatment Planning Enhancements (underway)
Purchase upgraded treatment planning hardware and software.

Project 8: Establish New Hours of Operations for Clinics (in development)
Develop a plan that assesses extended hours of operation, including staggered start times and additional staffing required to address the patient backlog.

1931
The Regina Cancer Clinic was opened at the Regina General Hospital.

- ***Access to Timely Breast Care***
  The Agency, in collaboration with the Health Quality Council, health regions, breast cancer care providers and former and current breast cancer patients, is undertaking an initiative to improve access to breast cancer care diagnosis and treatment for those suspected of breast cancer.

Goal Two: Effective health promotion and disease prevention

- ***Prevention Program for Cervical Cancer***
  The Prevention Program for Cervical Cancer (PPCC) was introduced in the summer of 2003. Cervical cancer is one of the most preventable cancers. Approximately 95% of all cervical cancer is preventable if women have regular Pap tests. Increased knowledge and comfort levels, through the combined efforts of health care providers and the PPCC, will increase participation in regular Pap testing.

  In January 2004 the Saskatchewan Privacy Commissioner's Office launched an investigation of the PPCC based on concerns raised by a number of women regarding access to their health information. It is an Agency priority to ensure an appropriate balance between protecting the individual's right to privacy and providing effective program delivery.

  In response to the recommendations of the Privacy Commissioner, in January 2006 the PPCC implemented a two-level opt-out process for Saskatchewan women. To access more information about the opt-out features, please see the Agency's website at www.saskcancer.ca, the *Opt Out - What Does it Mean* brochure or contact the PPCC at 1-800-667-0017.

1937
The Saskatoon Cancer Clinic was opened at the Saskatoon City Hospital.

Goal Three: Retain, recruit and train health providers

- ***Recruitment and Retention of Trained Specialists***
  The Agency spends considerable time and resources in recruiting specialists, particularly oncologists, from all corners of the world to ensure we have adequate numbers to provide quality services. Although efforts have been successful over the past few years, two medical oncologists and a hematologist from SCC, as well as a medical oncologist from ABCC left. Efforts are ongoing to fill these positions in a timely manner with minimal disruption in service.

- ***Health Sector Employee Opinion Survey***
  In May 2005 with funding from Saskatchewan Health and facilitation by the Saskatchewan Association of Health Care Organizations, the first provincial health employee opinion survey was conducted. Health care employees from across the province were asked for their views and opinions about their workplaces. Over 53% of Agency employees responded to the survey, the highest in the province; the provincial average response rate was 41%.

  The Agency scored above the provincial average in seven of the eight composite areas, which included communication, respect, recognition, work practice, physical environment and safety, learning, environment and organizational commitment. The high scores reflect the positive attitude and dedication each Agency staff member brings to the workplace. The survey also identified areas that need improvement including, opportunities for advancement, orientation and effectiveness of support between departments. The Agency's Human Resources Quality of Worklife Committee will be evaluating the results and making recommendations to address those areas for improvement.

1932

One of the world's first cancer registries was created, which keeps statistics on cancer.

1939

The Regina Cancer Clinic was relocated to the Grey Nuns Hospital.

Goal Four: A sustainable, efficient, accountable and quality health system

- ***Accreditation 2006***
  One mechanism that is used to ensure quality care and service is participation in the Canadian Council on Health Services Accreditation (CCHSA) program. Accreditation is a detailed comparison of an organization's services and method of operation against a set of national standards. Thirteen teams representing all areas of the Agency participated in an accreditation survey held during March 2006. Surveyors from the CCHSA used information obtained through team interviews, patient interviews, focus group discussions and the review of documents to prepare a report on our strengths and areas for improvement. Accreditation teams will now prioritize these areas for improvement and begin working on identifying and implementing solutions and changes.

- ***Monitoring and Reporting***
  The monitoring and reporting of outcomes will continue to take on increased importance. Processes for reporting performance and quality measures to the Board and to the public are being reviewed. A report summarizing quality indicators for the organization has been drafted. This report will assist the Board and management in priority setting by providing the information needed to make evidence-based decisions.

1944

The Saskatchewan Cancer Control Act replaced *The Saskatchewan Cancer Commission Act* providing financial coverage for cancer care at the expense of the provincial government.

2005-06 PERFORMANCE RESULTS

The Agency has identified eight strategic directions from its Strategic Plan, *A Proud History—A Planned Future*, which will be used in this section of the report:

- Treating cancer effectively
- Strengthening partnerships
- Preventing and detecting cancer early
- Supporting research
- Providing supportive care
- Building infrastructure and organizational capacity
- Building a quality work environment
- Committing to quality and accountability

1948

The Regina Cancer Clinic moved to a newly-constructed wing of the Grey Nuns Hospital and named the Allan Blair Memorial Clinic.

Treating cancer effectively

Wait Times

The goal is for cancer patients to start treatment within 56 days of referral (8 weeks). The average days of wait from referral to treatment in 2005-06 in the two cancer centres for chemotherapy and radiation therapy are as follows (data from the new clinical management system was compiled between November 1, 2005 and March 31, 2006):

	SCC Chemotherapy	ABCC Chemotherapy	SCC Radiation	ABCC Radiation
Referral to 1st appointment	54 days	35 days	35 days	21 days
1st appointment to 1st treatment	13 days	15 days	27 days	23 days
Referral to 1st treatment	63 days	57 days	73 days	54 days

The Canadian Association of Provincial Cancer Agencies held a Consensus Conference during the fiscal year to establish national wait time definitions and reporting in order to standardize wait time reporting between the provinces. The final report from the conference is expected shortly.

In 2005 the Agency became involved in a collaborative wait times project with Manitoba and Alberta. A grant for $100,000 was awarded from the Canadian Institute of Health Research to conduct a literature review investigating metrics, definitions and outcomes associated with wait times for lung and colorectal cancer. As well, the working group investigated the possibility of establishing standardized wait times definitions in an effort to produce wait times statistics that are comparable between the provinces. This work is ongoing with publications planned for 2006-07.

In response to increasing wait times for cancer services, a Wait Time Task Force consisting of members from the Agency and Saskatchewan Health was established in October 2005 to identify wait time issues, review and provide feedback on initiatives that have been undertaken to address increasing wait times, establish wait time targets for cancer sites and to make recommendations and develop new strategies to improve access to care. The task force has evaluated a number of ways to identify and measure intervals, evaluated best

Under the direction of Dr. Harold E. Johns, along with Dr. Sylvia O. Fedoruk, the world's first cobalt therapy treatment machine was designed, built and installed in Saskatoon.

2005-06 PERFORMANCE RESULTS

The Agency has identified eight strategic directions from its Strategic Plan, *A Proud History—A Planned Future*, which will be used in this section of the report.

- Treating cancer effectively
- Strengthening partnerships
- Preventing and detecting cancer early
- Supporting research
- Providing supportive care
- Building infrastructure and organizational capacity
- Building a quality work environment
- Committing to quality and accountability

1948

The Regina Cancer Clinic moved to a newly-constructed wing of the Grey Nuns Hospital and named the Allan Blair Memorial Clinic.

Treating cancer effectively

Wait Times

The goal is for cancer patients to start treatment within 56 days of referral (8 weeks). The average days of wait from referral to treatment in 2005-06 in the two cancer centres for chemotherapy and radiation therapy are as follows (data from the new clinical management system was compiled between November 1, 2005 and March 31, 2006):

	SCC Chemotherapy	ABCC Chemotherapy	SCC Radiation	ABCC Radiation
Referral to 1st appointment	54 days	35 days	35 days	21 days
1st appointment to 1st treatment	13 days	15 days	27 days	23 days
Referral to 1st treatment	63 days	57 days	73 days	54 days

The Canadian Association of Provincial Cancer Agencies held a Consensus Conference during the fiscal year to establish national wait time definitions and reporting in order to standardize wait time reporting between the provinces. The final report from the conference is expected shortly.

In 2005 the Agency became involved in a collaborative wait times project with Manitoba and Alberta. A grant for $100,000 was awarded from the Canadian Institute of Health Research to conduct a literature review investigating metrics, definitions and outcomes associated with wait times for lung and colorectal cancer. As well, the working group investigated the possibility of establishing standardized wait times definitions in an effort to produce wait times statistics that are comparable between the provinces. This work is ongoing with publications planned for 2006-07.

In response to increasing wait times for cancer services, a Wait Time Task Force consisting of members from the Agency and Saskatchewan Health was established in October 2005 to identify wait time issues, review and provide feedback on initiatives that have been undertaken to address increasing wait times, establish wait time targets for cancer sites and to make recommendations and develop new strategies to improve access to care. The task force has evaluated a number of ways to identify and measure intervals, evaluated best practice wait time targets for certain sites and received presentations on wait time initiatives from Agency and Saskatchewan Health representatives involved with national and inter-provincial initiatives. The task force has made recommendations to the Agency on matters such as wait times reporting and making the establishment of a physician human resource plan a top priority.

1951

Under the direction of Dr. Harold E. Johns, along with Dr. Sylvia O. Fedoruk, the world's first cobalt therapy treatment machine was designed, built and installed in Saskatoon.

Provincial Malignant Hematology/Stem Cell Transplant Program

The Provincial Malignant Hematology/Stem Cell Transplant Program provides consultative and integrated management services for the assessment and treatment of patients with aggressive, advanced blood and other circulatory system malignancies and associated diseases. The program integrates academic teaching, basic and clinical research and clinical activities. The program continued to expand dramatically in the past fiscal year as it strives to meet the needs of Saskatchewan residents. Specialized services include comprehensive management of acute and chronic leukemia, lymphoma and multiple myeloma, in addition to autologous (patient's own) and allogeneic (related and unrelated donor) hematopoietic stem cell and bone marrow transplantation.

In the past fiscal year, 269 patients with hematological malignancies or associated diseases were referred to the program for assessment and management. In addition, 101 patients were referred for stem cell transplantation. A total of 37 hematopoietic stem cell and bone marrow transplants and donor lymphocyte infusions (8 from related donors and 4 from unrelated donors) were performed. Nineteen patients were referred out of province or out of country for stem cell transplantation.

A recently completed review of this program as part of the Agency's Operational Review will help to address current challenges such as new federal regulatory requirements and accreditation standards and the recruitment and retention of hematologists. The Agency is currently seeking a replacement for the hematologist who departed this past year.

The program is a very active participant in national and international clinical trials and other basic and clinical research projects (see page 47 for detailed involvement). The program's clinical trials coordinator, Heather Doell, was selected to the Hematology Executive of the National Cancer Institute of Canada Clinical Trials Group in the past year.

1954

The Saskatoon Cancer Clinic was relocated to University Hospital.

1958

The first published bone marrow transplant in Canada, using total body irradiation as conditioning, took place in Regina by Dr. S. Meighan and Dr. H. A. Bean on a leukemia patient from Moose Jaw.

Strengthening partnerships

Community Oncology Program of Saskatchewan (COPS)

COPS is a valued partnership of the Agency and the health regions. Since 1996 the program has been providing safe, competent cancer care as close to home as possible, supporting patients and their loved ones who are dealing with the impact of a cancer diagnosis. In addition to supportive patient care such as symptom management, central line care and blood product transfusion, approximately 80% of drugs available for the treatment of cancer are eligible to be administered in COPS centres. Within 10 health regions, there are 16 COPS centres with specially trained teams providing invaluable services to more than 1,000 patients annually. Patient volumes continue to increase.

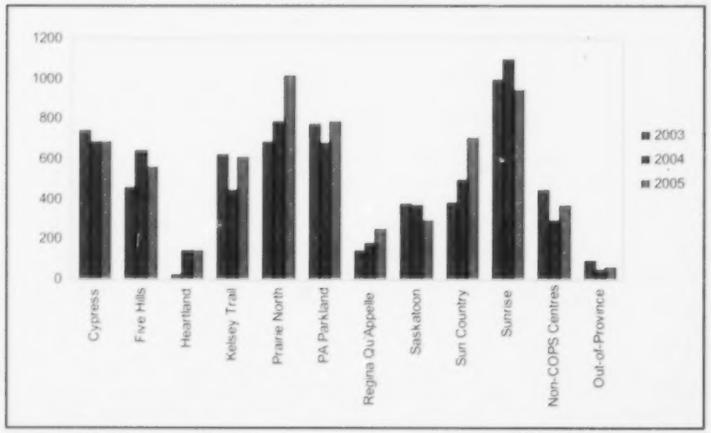
In 2005 COPS conducted an evaluation of educational activities and on-going support community health professionals receive from ABCC and SCC, in addition to a patient satisfaction survey to ensure programs remain relevant and accessible. Reports will be available in 2006.

1979

The Saskatchewan Cancer Foundation was formed by an Act of the Provincial Legislature, incorporating all of the responsibilities and services of the former Cancer Commission.

Offering cancer care in the community supports the Agency's mission, vision and values of accessibility of services closer to home, decreased wait times associated with receiving services only in Saskatoon or Regina, maintaining health care programs in rural areas and strengthening regional partnerships. COPS also maintains a strong provincial focus, with the COPS teams collaborating on program initiatives while remaining responsive to regional differences.

Three-Year Comparison of Patient Visits to COPS Centres for Treatment per Health Region



1983

The Saskatoon Cancer Patient Lodge was opened, which provides accommodation for out-of-town cancer patients taking treatment. It was renovated by the Canadian Cancer Society and is operated by the Agency.

Preventing and detecting cancer early

Screening Program for Breast Cancer

The Screening Program for Breast Cancer (SPBC) is now celebrating 16 years of operation in Saskatchewan. Saskatchewan was one of the first provinces to introduce an organized breast screening program. The program started as a pilot project in 1990 covering the city of Regina and surrounding 100 kilometre radius. Northern areas were also included in the pilot with clients being seen through the use of a mobile unit. By 1995 the program had expanded to full provincial coverage with two permanent sites in Regina and Saskatoon; five satellite (regional) sites in Yorkton, Moose Jaw, Swift Current, Prince Albert and North Battleford; and a mobile unit for rural and remote areas of the province.

The SPBC is a provincial population-based program, targeting women 50 years of age and over. The goal of the program is to decrease mortality from breast cancer in Saskatchewan women. The program provides screening mammograms (breast X-ray) to women across Saskatchewan who do not have breast implants and are not on active follow-up for breast cancer. Screening mammography is provided on a two-year cycle for women without a family history of breast cancer and on a yearly cycle for women with a family history of breast cancer. Between 35,000 and 37,000 women are screened annually.

See the statistical table for the SBPC on page 43 of this report.

1985

The Regina Cancer Patient Lodge was opened, which provides accommodation for out-of-town cancer patients taking treatment. It was built by the Canadian Cancer Society and is operated by the Agency.

Prevention Program for Cervical Cancer

The Prevention Program for Cervical Cancer (PPCC) was introduced in August 2003. With the launch of this program, Saskatchewan joined seven other provinces with organized cervical cancer screening programs in varying stages of development.

The PPCC provides a comprehensive population-based screening program for cervical cancer. Increasing participation in regular Pap testing and tracking follow-up of unsatisfactory and abnormal test results are central aspects of this organized approach.

Following are overall statistics for the PPCC:

- Close to 20% of women responded to their first overdue notifications within six months by scheduling a Pap test appointment with their health care provider. An additional 13% responded to a subsequent reminder letter sent if no response to the first letter.
- More than 14% of 18 year olds responded to the PPCC's initial information letter regarding the PPCC and the reason for regular Pap testing by scheduling a Pap test with their health care provider.
- The highest volumes of notification letters sent are for women between the ages of 40 and 55. Response rate is among the highest in this group at approximately 22%.

In addition to the information sent to women, the PPCC also notifies health care providers when an abnormal or unsatisfactory result does not show follow-up testing. Approximately 3,200 letters were sent to health care providers requesting follow-up information on their patients.

1986

The Sylvia O. Fedoruk Prize in Medical Physics was established to honour Sylvia Fedoruk upon her retirement.

Supporting research

The Agency is actively involved in basic biomedical, translational, clinical trials and epidemiologic research.

The Agency's Health Research Division is an active member of the Saskatchewan Cancer Control Research Network.

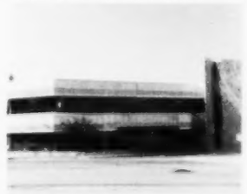
Agency researchers participated in the Saskatchewan Cancer Control Research Network's 5th annual Cancer Research Day.

Many students are encouraged to pursue a career in cancer research. Currently there are 14 graduate students (9 MSc and 5 PhD) in the Health Research Division and one PhD student in Medical Physics at SCC. The Agency has 10 post-doctoral fellows and had 11 undergraduate summer students last year. Three students carried out their undergraduate research projects in the Cancer Research Unit.

See page 44 for a detailed update on research projects and page 47 for details on clinical trials involvement.

1988

The new Saskatoon Cancer Centre was opened on the University of Saskatchewan campus.



Providing supportive care

Psychosocial Oncology

The Agency's Psychosocial Oncology Departments have four social workers at ABCC and four at SCC who work with a patient's treatment program to provide a variety of services, including assessment and consultation, personal services and counselling. Each social worker has a caseload of about 75 patients per month consisting of new and follow-up patient and family appointments.

SCC began new patient orientation sessions, which provide new patients with an overview of what they can expect when they begin treatment. During 2005-06 20 sessions were offered to 714 participants. Evaluations conducted revealed that 84% of patients/families in attendance said it had tremendous benefit and helped reduce their anxiety while waiting to start treatment. ABCC will begin new patient orientation sessions in summer 2006.

An additional 1.6 social workers provide counselling and support to the Malignant Hematology/Stem Cell Transplant Program in Saskatoon. An educational program was offered to patients and families about to undergo a stem cell transplant. A support group was also formed for the same group on an ongoing basis.

The "Art for Wellness Pilot Project" offered in the last fiscal year was a success and the Regina Qu'Appelle (RQHR) Artist in Residence has offered the program, now called "Creativity for Health", to patients and families of ABCC on Thursday afternoons. Patients and families who have completed the program are able to remain active in the program on Thursday mornings.

A nutrition support program for patients entitled, "Healthy Eating & Symptom Management During Cancer Treatment", was piloted at ABCC in cooperation with the RQHR clinical dietician. The program was started in May 2005 and evaluations have been very positive.

Volunteers

Thirty-six volunteers and one volunteer coordinator at ABCC provided 4,500 hours of service during the reporting period. Twenty-five volunteers and one volunteer coordinator at SCC provided 4,420 hours of service during the reporting period.

Volunteers are an integral part of the daily operations of the Agency. They escort patients to their treatments or diagnostic tests and help patients select wigs and turbans, among other services.

Cancer Patient Lodges

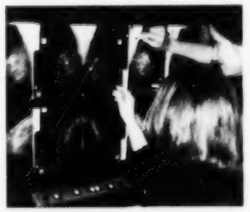
Cancer Patient Lodges located in Regina and Saskatoon offer a "home-away-from-home" for patients undergoing cancer treatments and their companions. Room and board is provided in a supportive environment. Saskatoon had 460 admissions for a total of 3,084 beds occupied. Regina had 828 admissions for a total of 4,590 beds occupied.

1990

The Cancer Research Unit was established within the Saskatoon Cancer Centre by a generous grant from the Terry Fox Development Fund, in partnership with the Agency, College of Medicine and the University of Saskatchewan.

1990

The Screening Program for Breast Cancer was established, which provides screening mammograms to women aged 50 and over.



Building infrastructure and organizational capacity

Renovations at the Allan Blair Cancer Centre

A small renovation to the ground floor of ABCC was started and completed during the year, which moved the Patient Support Centre to a more accessible location and, in turn, added more treatment space to medical oncology. Also renovations to the basement floor consisted of renovating the film storage area to a computer server room. This included relocation of welder and fume hoods in the machine shop, sprinkler system, temperature alarm system, cooling upgrades, electrical/UPS requirements and a host of other changes. The purpose of these renovations is to house the technical components of the new clinical management system and other applications.

Information Management Strategic Plan

The Agency has made significant progress with implementation of its five-year Information Management Strategic Plan. Work has continued on the implementation of an integrated clinical management system, a large and strategic information management initiative that will provide an electronic patient record, automated clinical decision support tools and enhanced reporting capability.

Technical and communication infrastructure to support the operation of the clinical management system across the province was successfully implemented. A module which provides for the capture and reporting of comprehensive wait time statistics was successfully implemented, enabling the Agency to better monitor and manage patient wait times with the objective of improving patient access to cancer services.

Planning and preparation continues for future implementation phases of the clinical management system. These include electronic reporting of lab results, dictation and transcription and the development of standard treatment regimens for use in the electronic system.

Other information management projects initiated and worked on during 2005-06 include the acquisition of a new financial management system and the development of a new external website, which will significantly enhance both the quality and quantity of information provided to the public.

Recruitment and Retention of Oncologists

One medical oncologist left ABCC and one new radiation oncologist joined ABCC during the year. SCC saw one medical oncologist, one radiation oncologist and one hematologist leave, and welcomed one radiation oncologist and two clinical associates. Medical staff now number 20 at SCC and 17 at ABCC.

1994

The Allan Blair Memorial Clinic's name was changed to the Allan Blair Cancer Centre.

1997

The Allan Blair Cancer Centre underwent major renovations and expansion.

Building a quality work environment

The Agency Supports an *In Motion* Workplace

The Human Resources Quality of Work Life Committee initiated the *In Motion* program a few years ago to promote regular fitness activities into the lives of employees and their families. The *In Motion* team continues to coordinate participation and activities.

Joint Pay Equity Job Evaluation Plan Update

The Agency and Saskatchewan Government Employees' Union (SGEU) continued to work together to implement a Joint Pay Equity Job Evaluation Plan for all in-scope positions. The Joint Steering Committee completed the appeal process in spring 2003, and in September 2003 the Agency and SGEU signed a memorandum of agreement outlining the implementation of the Joint Pay Equity Job Evaluation Plan.

In-scope employees eligible for pay equity increases received retroactivity back to April 1, 2001 and will receive applicable increases up to April 1, 2006 when the new wage schedules for the new class plan will be completely phased in.

The Joint Maintenance Committee for the Joint Pay Equity Job Evaluation Plan is responsible for maintaining the in-scope job evaluation plan and to provide equitable non-discriminatory evaluation of new and changed jobs in the organization. Eighteen positions were evaluated by the committee during 2005-06, two of which were new to the organization.

Collective Bargaining

The Collective Agreement between SGEU and the Agency expired on December 31, 2003. Negotiations on a new collective agreement between SGEU and the Agency started in June 2004. By the end of the 2004 fiscal year the majority of non-monetary items had been negotiated. By August 2005 a few non-monetary items remained and a monetary proposal was made.

The bargaining committees met again in February and March 2006. Following those meetings, all that remained was to finalize a few monetary issues. SGEU wished to take the package presented by the Agency back to their membership for further direction. Future meetings would be set in the next fiscal year once they completed discussions with their membership.

1997

The Saskatchewan Cancer Foundation changed its name to the Saskatchewan Cancer Agency.

1998

The Community Oncology Program of Saskatchewan was established, which provides chemotherapy in 16 centres across Saskatchewan.

1998

The Provincial Stem Cell Transplant Program was established, which provides consultation, assessment and management of patients with advanced hematologic (blood) cancer and other diseases, using stem cell/bone marrow transplantation.

Committing to quality and accountability

Privacy Oversight Committee

A Privacy Oversight Committee was created during the last fiscal year to monitor and provide direction on the development, implementation and operation of the Agency's privacy program. The committee oversaw the successful development of a privacy statement and brochure outlining the Agency's commitment to patients' privacy.

New Projects from Health Quality Council

The Agency received approval for funding from the Health Quality Council to update its external website. Visitors to the site will find sections on prevention, early detection and research, and a new area specifically for patients and their family and friends. Patients can search for information on referral centres, counselling and support, treatment in and out of province, symptoms and side effects, among other topics. Visit the website at www.saskcancer.ca.

Quarterly Financial Reporting

Quarterly financial reports were provided to Saskatchewan Health, as required by the Agency's Accountability Agreement with government.

Quality of Care Coordinator

The Agency is committed to resolving concerns in a timely manner and continually seeks to improve services based on the lessons learned. Most issues are resolved by the staff at the Division level (ABCC, SCC or Prevention and Early Detection). The Quality of Care Coordinator (QCC) handles those concerns that cannot be resolved at the Division level, are 'major' in nature or those that come from Saskatchewan Health or other external agencies.

The QCC ensures that patients are well informed of their rights and options and assists them in resolving concerns they may have about their treatment or Agency services. Patient concerns are kept strictly confidential. The Agency's Board of Directors is provided with monthly reports and an annual report of patient concerns by type of concern (access, communication, care delivery, cost) and any corrective action taken.

During 2005-06 the QCC received a total of 79 concerns. This compares to 71 concerns received last year and 51 the year before. The average time to resolve concerns during 2005-06 was 2.7 days compared to 3.4 days in 2004-05.

Total Sick Leave per Full-Time Equivalent

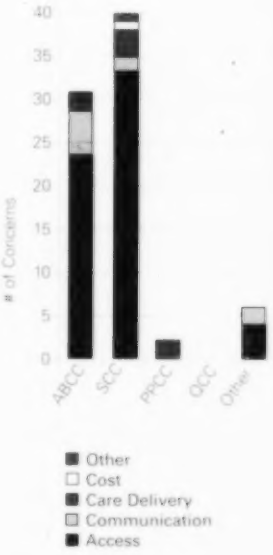
During the reporting period, the total number of work hours that employees are absent from work due to illness or injury per full-time equivalent is an average of 17.37 hours for the Agency compared to 21.30 hours for the province[1].

(1) Provincial results for 2005-06 include all affiliations (CUPE, SEIU, SGEU, HSAS, OOS/Other, SUN, RWDSU) for all 12 health regions, the Agency and the Metis Addictions Council of Saskatchewan Incorporated.

1999

A combined program utilizing high dose rate brachytherapy and external beam therapy for prostate cancer was started out of the Allan Blair Cancer Centre. It was the first of its kind in Canada.

Concerns Handled by the Quality of Care Coordinator, 2005-06



FUTURE OUTLOOK/EMERGING ISSUES

Collaborative Efforts

The Agency will continue to work with its provincial counterparts across the country in the areas of wait times (to ensure standardization of reporting and to make improvements in timeliness); implementation of a national oncology drug strategy (to ensure consistency for drug approvals on a Canada-wide basis instead of individual decisions from each province); and a human resources plan (to address recruitment and retainment issues).

Implementation of the Agency's Operational Review Recommendations

Highlights from the review to implement over the next three years include:

- Implementation of a clear provincial program model within the Agency along with an organizational structure that will support the development of a strong, collaborative provincial cancer program.
- Implementation of a partnership framework agreement to clarify the role and service relationships between the Agency and the health regions.
- Further development of the Agency's website and telehealth to support capacity building and education role of the Agency.
- Expansion of the Community Oncology Program of Saskatchewan to make it reflective of the full spectrum of the cancer "journey".
- Further development of ABCC and SCC as centres for more specialized and complex cancer treatment.
- Specialized provincial "centres of excellence" developed at one Agency site within a provincial program model. This approach is intended to ensure sustainability of highly complex programs, such as the Stem Cell Transplant Program, prostate seed implant and stereotactic radiosurgery.
- Ensuring care takes place with the most appropriate provider, e.g. moving some care back to the community and to family physicians, and partnering with other providers, such as advanced practice nurses and clinical associates.
- Greater recognition of the need for stronger partnerships with family practice physicians and surgeons through facilitating the development of a Family Practice Oncology Network and a Surgical Oncology Care Network.
- Development of stronger links with the Provincial Palliative Care Council and Network.
- Expansion of the Malignant Hematology/Stem Cell Transplant Program, among which include:
  - Developing dedicated beds and nursing staff at Royal University Hospital in Saskatoon
  - Collaborating with Health Canada and other agencies to accommodate contemporary standards for stem cell transplant programs.
- Development of provincial tumour groups.
- Development of clear, transparent and up to date clinical practice guidelines and the process for monitoring the guidelines.

2003

The Prevention Program for Cervical Cancer was established, which provides a comprehensive population-based screening program for cervical cancer.

2005

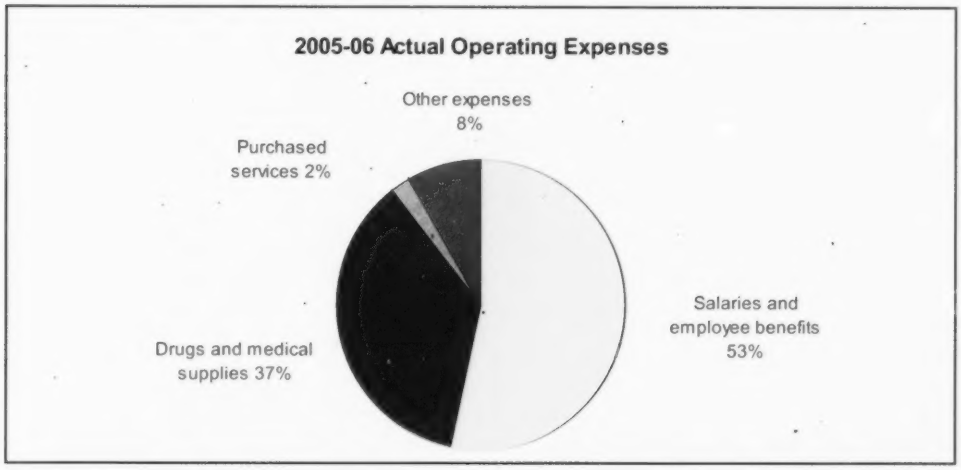
An integrated clinical management system was implemented, which includes an electronic patient record.

MANAGEMENT DISCUSSION AND ANALYSIS

The Saskatchewan Cancer Agency carries out its mission through an operating fund and three restricted funds (Capital Fund, Research Fund and Trust Fund).

Operating Fund

Saskatchewan Health provides 98% of the Agency's revenues. Total actual revenues in 2005-06 were $2,687,106 higher than budgeted due to an increase in revenues from Saskatchewan Health and an increase in Other Revenues. The increase in Saskatchewan Health revenues was mainly due to an amount receivable for retroactive funding of the Collective Bargaining Agreement and funding of Herceptin drug costs that were approved mid-year. Much of the increase in Other Revenues was due to an increase in recovery of costs from third parties for drugs not currently covered under the Agency's drug plan and an increase in investment income earned on cash resulting from the $3.3 million operating surplus and increase in deferred revenues. Although Other Revenue and investment income may remain stable in future years, it is anticipated that funding from Saskatchewan Health will continue to increase annually to meet the ongoing operating requirements.

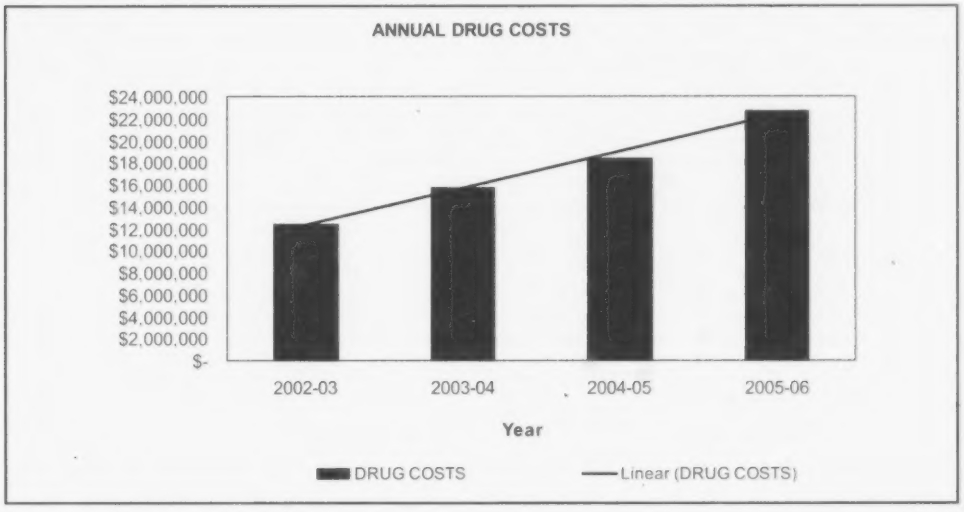

2005-06 Actual Operating Expenses
Other expenses 8%
Purchased services 2%
Salaries and employee benefits 53%
Drugs and medical supplies 37%

The Agency has limited alternative sources of funding and, therefore, focuses its financial activities on managing costs. The two largest expense categories of the Agency are salaries and drug costs as shown in the graph above. Actual salary and employee benefits costs were over budget by 1.3% due to inclusion of 2 1/4 years of retroactive salary and benefit costs for unionized employees. Excluding the retroactive amount for years prior to 2005-06, the salary and benefits costs were actually under budget 1.7% due to unplanned vacancy savings.

It is expected salaries and employee benefits will continue to be the Agency's single largest expenditure. Many cancer professionals employed by the Agency (i.e. oncologists, nurses, radiation therapists, pharmacists) are in extremely short supply. Maintaining competitive wages and benefits will be key to the Agency's ability to retain these staff. Increasing workload will also impact staffing requirements. The rising incidence and prevalence of cancer, the increasing complexity and time-consuming treatments and changing technologies and techniques will all have a major impact on workload within Agency operations. The Agency currently operates with about 356 full-time equivalent positions and contracts an additional 55 full-time equivalent positions from the health regions. Its ability to sustain these costs is dependent on the level of funding it receives from government.

The Agency is responsible for administering the provincial oncology drug plan. Increases in oncology drug expenditures continue to place enormous pressures on the Agency's operating budget. Drugs represent about 36% of the operating costs with medical supplies representing about 1%. The actual drug costs for 2005-06 were under budget by $1,273,222 on a $23.9 million drug budget. Drugs were under budget due to vacant oncologist positions and changes in drug utilization trends.

There are many reasons for rapidly increasing drug costs in oncology and it is often difficult to plan or predict for these increases. Oncology therapeutics change within a very short period of time. Even preliminary data often results in clinical practice changes. New and more costly cancer drugs for treatment and support care are introduced with increasing regularity. Many new drugs are targeted as 'salvage treatments' (i.e. following failure of first-line therapies). This results in their use being classified as 'add-on' treatments (not a replacement to standard therapy), which further increases total drug costs. The only certainty is that drug costs will continue to increase despite cost-saving initiatives.



The sustainability of these cost pressures is a major risk to the overall success of the Agency's treatment services. Other cancer agencies in Canada are anticipating drug cost increases of 20-30% every year. This is consistent with the Agency's recent experience of a 23% increase in its drug costs in 2005-06. The Agency continues to explore new initiatives for reducing drug costs while maintaining patient access to drugs. The Agency established a Pharmacy Task Force in 2003-04 to help identify further opportunities for effectively managing these escalating costs. Recommendations of the Task Force were received in 2004-05, which the Agency started implementing in 2005-06 and will continue to implement in 2006-07.

The cost of purchased services slightly exceeded its budget because of an increased use of diagnostic services from the health regions, mainly due to increased testing associated with the use of the Herceptin cancer drug. Other Expenses were under budget due to cost saving initiatives, timing of purchases and timing of anticipated price increases.

The Operating Fund currently has a strong cash position, which has improved as a result of the surplus in 2005-06 and an increase in the amount of accounts payable and deferred revenue.

Capital Fund
In March 2006 the Agency received an incremental amount of $200,000 for capital funding from Saskatchewan Health, in addition to the $440,000 in capital funding received during the year. As well, $390,000 was received for emergency renovation costs for the roof at the Saskatoon Cancer Centre. The actual capital expenditures in 2005-06 were $2.86 million less than planned due to the timing of purchases, particularly the implementation of the clinical management system (CMS) and the replacement of a linear accelerator in Saskatoon. It is expected that once the CMS project and linear accelerator purchases are completed, the cash and investments will be significantly reduced.

While a significant amount of capital funding has been received in recent years to replace and add new equipment, there is still some equipment that is quite old or at the end of its expected useful life. This equipment is at risk of failure and due for replacement. As advances in treatment technology continue to emerge, this creates pressure to acquire new equipment technology on a timely basis. The Agency monitors its equipment needs, allocates capital funding to high-priority areas and communicates additional funding requirements to Saskatchewan Health through the annual planning process. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of a prolonged breakdown of equipment.

The need for additional space to accommodate increasing workloads and expanding programs and services is an urgent priority. This need is most acute at the Saskatoon Cancer Centre, but is also becoming a pressure at the Allan Blair Cancer Centre. The Agency has submitted a major renovation proposal to Saskatchewan Health for the Saskatoon Cancer Centre. In the meantime, the Agency is exploring alternatives to address the facility space pressures including small renovation projects, alternative building space and changes to hours of operation.

Research Fund
In 2005-06 the Research Fund was underbudget overall due to delays in some research projects. The majority of research donations that can be transferred from the Trust Fund to support research projects are for breast cancer and lung cancer research. Therefore, the Agency is now limited to providing research grants targeted to those two research areas. The Agency is exploring alternative funding sources to restore the broader scope of research capabilities in future years.

Trust Fund
Donations vary year to year depending on the nature and amount of donations received, particularly with respect to one-time donations from estates. The Agency does not actively fundraise. However, donation revenues have been increasing in recent years. This is due to a number of factors including money raised through the C95 radio marathon, one-time estate bequests and an increasing general awareness of the Agency through various fundraising events initiated and organized by third parties. It is anticipated that this level of donation revenue will continue in the future. Expenditures from the Trust Fund were underbudget due to the timing of initiatives.

Summary
Overall, the Agency's financial position improved due to the surplus in 2005-06. However, much of the surplus was attributable to vacancy savings in salaries and lower drug costs than anticipated, neither of which are likely to continue in the next few years. A large portion of the Agency's financial resources are still committed to capital acquisitions that are to be substantially completed in the next 12 months.

REPORT OF MANAGEMENT

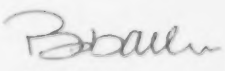
The accompanying financial statements are the responsibility of management and have been approved in principle by the Foundation's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgements. The financial information presented in the Management Discussion and Analysis and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Foundation's assets are safeguarded and that financial records are relevant and reliable.

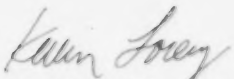
The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,



Bob Allen
Chief Executive Officer



Kevin Lacey, CA
Executive Director, Finance

May 25, 2006

FINANCIAL STATEMENTS

Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Cancer Foundation as at March 31, 2006 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Foundation's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2006 and the results of its operations and changes in fund balances, and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 25, 2006

Fred Wendel, CMA, CA
Provincial Auditor

Statement 1

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF FINANCIAL POSITION
As at March 31

(in thousands of dollars)

	Restricted Funds					
	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total 2006	Total 2005
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 9,271	$ 2,917	$ 130	$ 1,004	$ 13,322	$ 9,640
Accounts receivable:						
General Revenue Fund						
- Saskatchewan Health	1,398	—	—	—	1,398	143
- Health Quality Council	—	—	—	—	—	10
Other	392	21	89	71	573	500
Inventory	1,476	—	—	—	1,476	958
Prepaid expenses	253	—	5	6	264	154
Due (to) from other funds	(233)	419	(50)	(136)	—	—
	12,557	3,357	174	945	17,033	11,405
Investments (Schedule 1)						
(Market $4,278; 2005 - $7490)	2,393	711	—	1,002	4,106	7,027
Capital assets (Note 4)	—	26,985	—	—	26,985	25,266
Total Assets	$ 14,950	$ 31,053	$ 174	$ 1,947	$ 48,124	$ 43,698
LIABILITIES AND FUND BALANCES						
Current Liabilities						
Accounts payable	$ 3,030	$ 56	$ 10	$ 2	$ 3,098	$ 3,769
Accrued salaries	2,054	—	83	—	2,137	609
Vacation payable	982	—	14	—	996	906
Deferred revenue (Note 7)	4,199	—	—	—	4,199	2,112
	10,265	56	107	2	10,430	7,396
Fund Balances						
Invested in capital assets	—	26,985	—	—	26,985	25,266
Externally restricted (Schedule 2)	—	922	67	1,434	2,423	5,086
Internally restricted (Schedule 3)	500	2,249	—	511	3,260	4,534
Unrestricted	4,185	841	—	—	5,026	1,416
Fund balances (Statement 2)	4,685	30,997	67	1,945	37,694	36,302
Total Liabilities and Fund Balances	$ 14,950	$ 31,053	$ 174	$ 1,947	$ 48,124	$ 43,698

(See accompanying notes to the financial statements)

Statement 2

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

(in thousands of dollars)

	Operating Fund		Restricted Funds				
	Total 2006	Total 2005	Capital Fund 2006	Research Fund 2006	Trust Fund 2006	Total 2006	Total 2005
REVENUES							
General Revenue Fund							
- Saskatchewan Health	$ 65,792	$ 55,196	$ 1,030	$ 74	$ —	$ 1,104	$ 3,400
- Saskatchewan Health Research Foundation	218	218	—	345	—	345	345
- Health Quality Council	16	39	—	—	—	—	—
Grants	—	—	—	551	—	551	759
Donations and bequests	—	—	—	—	903	903	783
Investment income	297	314	376	8	76	460	334
Other revenues	847	711	4	169	—	173	128
	67,170	56,478	1,410	1,147	979	3,536	5,749
EXPENSES							
Salaries and employee benefits	33,971	30,983	—	1,070	—	1,070	1,097
Drugs and medical supplies	23,374	19,133	—	—	—	—	—
Purchased services	1,470	2,346	—	—	—	—	—
Other expenses	5,067	4,580	—	77	155	232	291
Research grants (Schedule 4)	—	—	—	327	—	327	306
Amortization	—	—	3,803	—	—	3,803	3,556
	63,882	57,042	3,803	1,474	155	5,432	5,250
Excess (deficiency) of revenues over expenses	3,288	(564)	(2,393)	(327)	824	(1,896)	499
Fund balances, beginning of year	1,398	3,054	33,183	132	1,589	34,904	33,313
Interfund transfers (Note 8)	(1)	(1,092)	207	262	(468)	1	1,092
Fund balances, end of year (Statement 1)	$ 4,685	$ 1,398	$ 30,997	$ 67	$ 1,945	$ 33,009	$ 34,904

(See accompanying notes to the financial statements)

Statement 3

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF CASH FLOWS
For the Year Ended March 31

(in thousands of dollars)

	Operating Fund		Restricted Funds				
	2006	2005	Capital Fund	Research Fund	Trust Fund	Total 2006	Total 2005
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
Excess (deficiency) of revenues over expenses (Statement 2)	$ 3,288	$ (564)	$ (2,393)	$ (327)	$ 824	$ (1,896)	$ 499
Net change in non-cash working capital (Note 3)	2,415	671	(1,371)	55	(12)	(1,328)	672
Amortization of capital assets	—	—	3,803	—	—	3,803	3,556
(Gain) on disposal of capital assets	—	—	—	—	—	—	(5)
	5,703	107	39	(272)	812	579	4,722
Purchase of capital assets							
Buildings/construction	—	—	(603)	—	—	(603)	(65)
Equipment	—	—	(4,919)	—	—	(4,919)	(1,946)
Proceeds on disposal of capital assets							
Equipment	—	—	—	—	—	—	5
	—	—	(5,522)	—	—	(5,522)	(2,006)
Net disposal (acquisition) of investments	(80)	1,104	3,001	—	—	3,001	646
Net increase (decrease) in cash and short-term investments during the year	5,623	1,211	(2,482)	(272)	812	(1,942)	3,362
Cash and short-term investments, beginning of year	3,649	3,530	5,192	140	660	5,992	1,537
Interfund transfers (Note 8)	(1)	(1,092)	207	262	(468)	1	1,092
Cash and short-term investments, end of year	$ 9,271	$ 3,649	$ 2,917	$ 130	$ 1,004	$ 4,051	$ 5,991
Amounts in cash balances							
Cash and short-term investments	$ 9,271	$ 3,649	$ 2,917	$ 130	$ 1,004	$ 4,051	$ 5,991

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2006

1 Legal Status of the Saskatchewan Cancer Foundation

The Foundation was created under provisions of *The Cancer Foundation Act* and commenced operations on August 1, 1979. The Foundation conducts a program for the treatment and prevention of cancer.

2 Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant policies:

a) Fund accounting

The accounts of the Foundation are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Foundation including the Allan Blair Cancer Centre, the Saskatoon Cancer Centre, and their respective patient lodges. Also included are research, prevention and early detection, public education, and communication activities.

The Cancer Centres provide diagnostic services, treatment services in radiotherapy and chemotherapy, and follow-up services. They serve as the focal points for the co-ordination of a comprehensive and multi-disciplinary approach to all aspects of care and treatment for cancer patients. The patient lodges provide housing for rural patients who are undergoing treatment at the Cancer Centres.

Research activities include basic and epidemiological research. Basic research attempts to understand, at the cellular and molecular level, the underlying differences between normal and cancerous cells. Epidemiological research involves studying the distribution and determinants of various cancers in specific populations and the application of these studies to cancer control.

Prevention and early detection programs in this fund are aimed at minimizing the impact of cancer through prevention and control. The Screening Program for Breast Cancer has responsibility for screening mammography for women ages 50-69 years of age in the Province. The Prevention Program for Cervical Cancer provides education on the importance of Pap tests, sends notification letters to women to see their primary care physician for testing, and tracks women's participation in screening.

Public education and communications through written, oral, and visual media are integral components of a diverse cancer care program.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Foundation in capital assets. The Capital Fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that reflects the revenues received from Saskatchewan Health Research Foundation - General Revenue Fund and clinical trial sponsors to support a number of research projects. The following guidelines are attached to the funds:

a) Expenditure of these funds is at the discretion of the Foundation. The Foundation will assume responsibility for research costs in excess of the amount funded.

b) Research funds, including investment income on the funds, should be kept separate from other funds of the Foundation.

Activities of the fund include clinical trials research which is a scientific method for testing new or combinations of existing treatment modalities against the current standard of treatment for that specific cancer.

iv) Trust Fund

The Trust Fund accepts donations for contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Foundation maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at the lower of cost or market.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold Alterations	3 - 20 years
Equipment and Furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Pension

Employees of the Foundation participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Foundation follows defined contribution plan accounting for its participation in the plan. Accordingly, the Foundation expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3 Net Change in Non-Cash Working Capital

(in thousands of dollars)	Operating Fund		Restricted Funds				
	2006	2005	Capital Fund	Research Fund	Trust Fund	Total 2006	Total 2005
(Increase) decrease in accounts receivable	$ (1,392)	$ 250	$ 35	$ 88	$ (50)	$ 73	$ (132)
(Increase) decrease in inventory	(517)	153	-	-	-	-	-
(Increase) in prepaid expenses	(107)	(26)	-	-	(4)	(4)	-
(Increase) decrease in due (to) from other funds	439	(15)	(376)	(106)	42	(440)	15
Increase (decrease) in accounts payable	358	(2,179)	(1,030)	-	-	(1,030)	778
Increase in accrued salaries	1,454	519	-	76	-	76	2
Increase (decrease) in vacation payable	93	112	-	(3)	-	(3)	9
Increase in deferred revenue	2,087	1,857	-	-	-	-	-
	$ 2,415	$ 671	$ (1,371)	$ 55	$ (12)	$ (1,328)	$ 672

4 Capital Assets

(in thousands of dollars)

	March 31, 2006			March 31, 2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ 280	$ —	$ 280	$ 280
Buildings	19,957	16,802	3,155	3,453
Leasehold Alterations	11,801	5,617	6,184	6,760
Equipment and Furniture	36,785	22,788	13,997	14,157
Work-in-progress	3,369	—	3,369	616
	$ 72,192	$ 45,207	$ 26,985	$ 25,266

5 Commitments

a) Capital Assets Acquisitions

At March 31, 2006, commitments for acquisition of capital assets were $2,948,873 (2005 - $6,310,288).

b) Operating Leases

The Foundation is committed under term leases for office space at the following minimum amounts over the next five years (exclusive of proportionate increases):

2007	$ 207,879
2008	121,581
2009	24,158
2010	—
2011	—

6 Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, has donated two cancer patient lodges in the Province to the Foundation. Under the terms of an agreement with the Society, the Foundation has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Foundation so long as they are operated as cancer patient lodges.

7 Deferred Revenue

(in thousands of dollars)

Deferred Revenue	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Saskatchewan Health Initiatives				
Saskatchewan Health - General Revenue Fund				
- Aboriginal awareness training	$ —	$ —	$ 25	$ 25
- Professional development initiatives	38	10	—	28
- Quality workplace initiatives	54	41	2	15
- Needlestick education	—	—	19	19
- Drug and wait time initiatives	2,000	—	54	2,054
- Drug funding	—	1,362	3,400	2,038
Total Saskatchewan Health Initiatives	**2,092**	**1,413**	**3,500**	**4,179**
Non Saskatchewan Health Initiatives				
Other revenue received in advance	20	—	—	20
Total Non Saskatchewan Health Initiatives	**20**	**—**	**—**	**20**
Total Deferred Revenue	**$ 2,112**	**$ 1,413**	**$ 3,500**	**$ 4,199**

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

8 Interfund Transfers

Each year the Foundation transfers amounts between its funds for various purposes. These include funding capital asset purchases, research grants, and reassigning fund balances to support certain activities.

(in thousands of dollars)

	2006			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (1)	$ 207	$ (55)	$ (151)
Research grants	—	—	317	(317)
Total	$ (1)	$ 207	$ 262	$ (468)

	2005			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (1,050)	$ 1,200	$ —	$ (150)
Research grants	(42)	—	318	(276)
Total	$ (1,092)	$ 1,200	$ 318	$ (426)

9 Pension Plan

Employees of the Foundation participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Foundation's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year amounted to $1,432,326 (2005 - $1,262,894) and is included in benefits.

10 Related Party Transactions

These financial statements include transactions with related parties. The Foundation is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The Foundation is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties. Other routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

(in thousands of dollars)	2006	2005
Expenses		
Regina Qu'Appelle Health Authority	$ 3,439	$ 3,869
Saskatoon Regional Health Authority	3,572	3,796
Public Employees Pension Plan	1,424	1,238
Other related parties	2,147	2,099
Total related party expenses	$ 10,582	$ 11,002
Prepaid Expenses		
Workers Compensation Board	$ 78	$ —
Total related party prepaid expenses	$ 78	$ —
Accounts Payable		
Regina Qu'Appelle Health Authority	$ 637	$ 547
Saskatoon Regional Health Authority	742	693
Other related parties	200	332
Total related party payable	$ 1,579	$ 1,572

In addition, the Foundation pays Provincial Sales Tax to the Saskatchewan department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Foundation is situated on land not owned by the Foundation. The Foundation is not charged for the use of this land.

11 Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest rate risk

The Foundation is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Foundation's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.
- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Foundation's investment portfolio and its future cash flow needs, the Foundation is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit risk

The Foundation is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Foundation's receivables is minimal because they are mostly from the Saskatchewan Health - General Revenue Fund or other government organizations. The credit risk for the Foundation's investments and related accrued interest receivable is minimal because investments consist of provincial government bonds and debentures, corporate bonds, and guaranteed investment certificates with large Canadian banks.

d) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying value of the following financial instruments approximate fair value due to their immediate or short-term nature:

  Cash and short-term investments
  Accounts receivable
  Accounts payable
  Accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

12 Budgets

Schedule 5 compares actual results to the 2005-06 budget plan approved by the Foundation's Board of Directors on September 29, 2005.

13 Comparative Information

Certain 2004-05 balances have been reclassified to conform to the current year's presentation.

Schedule 1

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF INVESTMENTS
As at March 31, 2006

(in thousands of dollars)	Amount	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 6,357	—	3.44%	—
Long-term investments:				
Province of Saskatchewan Savings Bond	497	05/28/08	5.58%	5.50%
Province of British Columbia Bond	502	06/01/09	5.62%	5.70%
Province of Nova Scotia Bond	509	06/01/09	5.08%	5.40%
GE Capital Canada Bond	498	10/23/09	5.71%	5.65%
Royal Bank Step Up Bond	577	06/28/10	3.15%	3.15%
GE Capital Canada Fund Strip Bond	321	07/24/12	5.00%	5.00%
Province of Saskatchewan Savings Bond	505	12/03/12	5.21%	5.25%
Province of New Brunswick Bond	208	02/25/13	4.89%	5.50%
Bank of Nova Scotia Bond	489	05/12/14	6.13%	5.75%
	4,106			
Total restricted investments	$ 10,463			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 6,965	—	3.44%	—
Total unrestricted investments	$ 6,965			
Restricted and Unrestricted Totals				
Total cash and short-term investments	$ 13,322			
Total long-term investments	4,106			
Total Investments	$ 17,428			

Restricted Investments consist of: investments of the restricted funds, contingency reserve, and deferred revenues.

(See accompanying notes to the financial statements)

Schedule 2

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2006

(in thousands of dollars)

Restriction	Balance Beginning of Year	Investment & Other Revenue	Expenses	Transfers	Balance End of Year
Capital acquisitions	$ 3,747	$ 1,030	$ (3,855)	$ —	$ 922
Research contributions	132	1,147	(1,474)	262	67
Trust Fund donations	1,207	618	(68)	(323)	1,434
Total	$ 5,086	$ 2,795	$ (5,397)	$ (61)	$ 2,423

Schedule 3

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2006

(in thousands of dollars)

Restriction	Balance Beginning of Year	Investment & Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve	$ 500	$ —	$ —	$ —	$ 500
CMS Reserve[1]	2,500	—	(251)	—	2,249
Capital acquisitions	1,152	275	(1,427)	—	—
Trust Fund donations	382	361	(87)	(145)	511
Total	$ 4,534	$ 636	$ (1,765)	$ (145)	$ 3,260

[1] The Foundation is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

(See accompanying notes to the financial statements)

Schedule 4

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2006

(In thousands of dollars)	2006	2005
Combined Radiation Therapy and Dendritic Cell Vaccine in Treatment of Well-established Tumors, Saskatoon	$ 101	$ 70
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	82	-
CFI Leukemia Functional Genomics Centre Grant, Saskatoon	50	29
Characterization of the Metastatic Phenotype in Breast Cancer, Saskatoon	58	85
Cell Density Dependent Regulation of SPC Gene Expression in Breast Cancer Cell Lines, Saskatoon	46	-
Grant CFI Biomedical Beam - Synchrotron, Saskatoon	25	25
High Risk Breast Assessment Clinic, Saskatoon	12	-
Hematology/Stem Cell Research Grant, Saskatoon	8	2
Regulation of Gene Expression by Histone Deacetylase Inhibitors, Saskatoon	-	73
Role of p85 PDGF Receptor Down Regulation, Saskatoon	-	20
Impact of Determining the Free PSA Ratio Using Reflex Testing in Saskatchewan, Regina	-	2
Total Grants	$ 382	$ 306
Breakdown		
Operating expenses	$ 327	$ 306
Capital expenditures	55	-
	$ 382	$ 306

(See accompanying notes to the financial statements)

Schedule 5

SASKATCHEWAN CANCER FOUNDATION
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2006

(In thousands of dollars)

	Operating Fund		Restricted Funds			
			Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
General Revenue Fund						
- Saskatchewan Health	$ 65,792	$ 63,302	$ 74	$ —	$ —	$ —
- Saskatchewan Health Research Foundation	218	218	345	345	—	—
- Health Quality Council	16	—	—	—	—	—
Grants	—	—	551	719	—	—
Donations and bequests	—	—	—	—	903	420
Investment income	297	188	8	6	76	66
Other revenues	847	775	169	149	—	—
	67,170	64,483	1,147	1,219	979	486
EXPENSES						
Salaries and employee benefits	33,971	33,523	1,070	1,088	—	—
Drugs and medical supplies	23,374	24,688	—	—	—	—
Purchased services	1,470	1,459	—	—	—	—
Other expenses	5,067	5,187	77	110	155	217
Research grants (Schedule 4)	—	—	327	473	—	—
	63,882	64,857	1,474	1,671	155	217
Excess (deficiency) of revenues over expenses	3,288	(374)	(327)	(452)	824	269
Interfund transfers (Note 8)	(1)	(63)	262	380	(468)	(522)
Net increase (decrease) in fund balances	$ 3,287	$ (437)	$ (65)	$ (72)	$ 356	$ (253)

	Capital Fund	
	Actual	Budget (Note 12)
REVENUES		
Saskatchewan Health		
- General Revenue Fund	$ 1,030	$ 440
Investment income	376	150
Other revenues	4	—
	1,410	590
CAPITAL EXPENDITURES	5,522	8,386
(Deficiency) of revenues over expenditures	$ (4,112)	$ (7,796)
Interfund transfers (Note 8)	$ 207	$ 327

(See accompanying notes to the financial statements)

Schedule 6

SASKATCHEWAN CANCER FOUNDATION
BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
For the Year Ended March 31

(in thousands of dollars)

	2006				2005		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Semenchuck, Gary	$ 18	$ 4	$ 5	$ 27	$ 15	$ 9	$ 24
Board Member							
Ahenakew, Audrey	1		1	2	1	1	2
Albritton, Dr. William							
Beck, Carol	3	2	5	10	3	5	8
Caron, Denis (3)	1		1	2			
Ermel, Diana	1		3	4	1	1	2
Gilliland, Mary	2		1	3	1		1
Heavin, Manor (2)	1	1	2	4	2	3	5
Herring, Dolores (2)	1	1	2	4	2	3	5
Joyce, Gordon (3)	2		1	3			
Leitch, Don	2	1	3	6	2	6	8
Morris, Dr. Fred	1			1	1		1
Schubert, Jon (3)	1			1			
Total	$ 34	$ 9	$ 24	$ 67	$ 28	$ 28	$ 56

(1) Benefits includes employer CPP and all travel time
(2) Term expired November 14, 2005
(3) New board members effective November 15, 2005

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31

(in thousands of dollars)

	2006							2005 (Note 13)		
					Severance					
Staff	Number of FTEs	Salaries	Benefits and Allowances	Sub-Total	Number of FTEs	Amount	Total	Number of FTEs	Salaries, Benefits and Allowances	Total
Robert Allen, Chief Executive Officer	1	$ 133	$ 3	$ 136	-	$ -	$ 136	1	$ 138	$ 138
Senior Positions										
Dr. T. S. Goh, Exec Dir, Allan Blair Cancer Centre	1	370		370			370	1	356	356
Dr. David Pipkin, Exec Dir, Saskatoon Cancer Centre	1	370		370			370	1	346	346
Dr. Svein Carlsen, Exec Dir, Health Research	1	123		123			123	1	122	122
Bill Morton, Exec Dir, Information Management	1	98		98			98	1	96	96
Kevin Lanby, Exec Dir, Finance	1	93		93			93	1	91	91
Dennis Kerakoshuk, Exec Dir, Human Resources	1	93		93			93	1	91	91
Huguette Gauthier, Assoc Exec Dir, Allan Blair Cancer Centre	1	93		93			93	1	91	91
Ivan Olfert, Assoc Exec Dir, Saskatoon Cancer Centre	1	93		93			93	1	91	91
Lois Harrison, Exec Dir, Prevention & Early Detection	1	97		97			97	1	87	87
Judith Nurse, Exec Dir, Education & Corporate Affairs (3)	1	22		22			22	1	83	83
Total	11	$ 1,585	$ 3	$ 1,588	-	$ -	$ 1,588	11	$ 1,592	$ 1,592

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria/retainers/per diems, non-taxable career assistance, education leave allowance and any other direct cash remuneration including sick leave, short term disability, vacation and differentials. No severance payments were made in 2006 or 2005.
(2) Benefits and allowances include car allowance, employee taxable education expense, personal allowance, relocation allowance and RRSP's.
(3) Judith Nurse retired on June 30, 2006 and was not replaced during 2005/06.

(See accompanying notes to the financial statements)

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2006

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

Abbs, Jenelle	$ 53,691
Aboo, Ismail	320,549
Ahmad, Imran	317,632
Ahmed, Shahid	239,042
Ali, S. Kaiser	368,965
Allen, Joanne	56,192
Allen, Robert	135,989
Alvi, Riaz	61,581
Anderson, Deborah	81,473
Andreas, J. Joe	66,498
Arguin, Chantal	58,608
Arsenault, Deborah	65,212
Bagu, Carol	55,685
Barnardo, Christopher	56,039
Barss, Richard	71,598
Beckett, Craig	103,176
Belitski, Renee	78,476
Belous, Janice	56,380
Bichon, Carol	55,651
Bjorndahl, Sterling	77,982
Black, Megan	57,966
Boek, Marcelo	186,556
Bonham, Keith	83,965
Borsa, Shawna	53,712
Bourassa, Kristy	61,026
Briggs, Sheri	60,941
Budz, Denise	76,998
Burk, Geneva	57,437
Cadman, Patrick	111,309
Carlsen, Nancy	61,698
Carlsen, Svein	123,395
Chalchal, Haji	320,549
Choquette-Becker, Heather	56,437
Chow, Leissa	54,622
Cocarell, John	54,578
Colleaux, Dena	56,971
Coulter, Sheila	79,631
Cowan, Lorna	56,743
Dagnone, Mary	57,266
Dahl, Melvin	75,881
Davis, Karen	63,934
Decker, Allison	57,632
Dergousoff, Stephanie	62,363
Derrick, Peter	64,349
Dewald, Carmen	56,636
Dickof, Peter	93,299
Doell, Heather	57,222
Dolata, Wojciech	244,960
Duchscher, Dana	62,694
Edmunds, Laurie	56,820
Edwards, Trent	64,075
El-Gayed, Ali A.H.	321,196
Fay, April	52,335
Fibich, Christian	266,708
Fisher, Miriam	57,735
Fisher, Michelle	68,348
Florizone, Jackie	51,588
Foote, Bertha	64,147
Fox, Pauline	56,788
Frey, Janelle	58,162
Friesen, Kaethie	57,318
Galloway, Laurie	62,680
Gardiner, Donald	321,196
Garratt, Kevin	72,559
Gauthier, Huguette	92,609
Gesy, Kathy	84,465
Gjevre, Karen	64,106
Gloeckler, Ryon	60,621
Goh, Ten-Suan	369,532
Grossman, Jason	67,358
Gulutzan, Elaine	57,437
Haider, Kamal-Uddin	316,444
Hamilton, Susan	56,587
Hancock, Jennifer	60,811
Haq, Mohammad	303,463
Harrison, Lois	96,800
Hasegawa, Wanda	170,441
Hautz, Jo-Anne	64,841
Hill, Carol	56,876
Jancewicz, Miroslav	346,034
Johnson, Mary	50,968
Joseph, Kurian Jones	219,558
Judd, Alison	64,467
Karakochuk, Dennis	92,609
Kish, Donna	56,876
Koop, Jason	58,680
Krechowiecki, Jolanta	55,760
Kruger, Lana	64,961
Kulrich, Celia	63,497
Lacey, Kevin	92,609
Ladyka, Colin	60,749
Lapointe, J.R. Claude	119,956
Lawrence, John	54,025
Layton, Barbara	72,603
Little, Glenda	64,106

Lobzun, Kevin	59,339
MacLennan, Iain	321,196
Mahmood, Shazia	157,218
McAllister, Rae	151,674
McKenzie, Jennifer	52,824
Mensch, Jackie	64,888
Milligan, Laurey	50,982
Mirchandani, Deepu	204,112
Moffatt, Krista	50,105
Mohamed, Mohamed	346,681
Monteith, Jennifer	62,586
Morris, Joan	64,550
Morton, William	98,450
Moser, Laura	54,545
Mpofu, Christopher	339,161
Nilson, Linda	150,688
Olfert, Ivan	92,609
Pacella, Juan	321,196
Penley, Robert	63,445
Pierlot, Joan	64,013
Plett, Carissa	52,042
Pollock, Lenore	58,065
Popkin, David	369,532
Pryor, Rick	55,258
Raczynski, Joyce	56,587
Rapp, Dorothy	67,539
Rayson, Sandra	157,662
Reichert, Brian	69,706
Richards, Mardel	58,499
Runquist, Vaughn	64,106
Russell, Elaine	56,718
Sadikov, Evgeny	215,959
Salim, Muhammad	320,549
Sami, Amer	343,117
Schlitz, Colette	57,518
Schmid, Matthew	119,956
Schmidt, Bruce	56,587
Schwarz, Christopher	77,982
Sebastian, Shauna	54,478
Senft, Beverley	57,539
Sharp, Warren	72,603
Shiels, Ross	321,196
Sidhu, Narinder	129,935
Sirdar, John	58,253
Skarsgard, David	134,853
Smart, Janet	58,086
Smith, LauraLee	56,876
Stillborn, Joyce	57,724
Strautman, Cheryl	56,876
Stuart, Heather	72,325
Sweet, Rhonda	64,228
Tai, Patricia	346,681
Taylor, Devon	55,540
Thiesson, C. Scot	58,633
Tinline, Paula	51,956
Tonita, Jon	77,982
Usher, Barbara	56,414
Vachhrajani, Haresh	321,196
Van-Gemeren, Jacqueline	57,212
Voralia, Michael	317,632
Wacker, Steven	71,346
Walker, Vivian	124,009
Warren, Joyce	67,753
Weber, Lorenz	51,190
Weber, Wendy	56,355
Weigel, Tamara	59,061
Westad, Anne	59,046
Whiting, Cheryl	67,743
Whittle, Alison	64,053
Wilson, Lois	52,681
Wood, Valerie	54,662
Xiang, Jim	102,983
Yadav, Sunil	316,539
Yuzik, Patricia	67,339
Ziegler, William	119,956

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories	$ 1,924,600
Accredo Health Group	58,872
Amgen Canada Inc	242,305
Associated Radiologists of Saskatoon	81,338
Aventis Pharma Inc	788,000
Baxter Corporation	371,562
Beckman Coulter Canada Inc	144,926
Berlex Canada Inc	311,326
Brennan Office Plus	55,565
Canadian Medical Protective Association	63,145
CancerCare Manitoba	86,000
Can-Med Healthcare	165,551
Canadian Pharmaceutical Distribution Network	13,133,498
Carmont Construction	507,869
Diners Club International	83,631
Donaldson Marphil Medical Inc	439,449
Ebsco Canada Ltd.	61,816
Five Hills Health Region	52,697
Friggstad Downing Henry	61,280
Grand & Toy Office Products	69,067
Health Quality Council	80,000
Hewlett-Packard (Canada) Co	85,733
Hospira Healthcare Corporation	75,513
Li-Cor Inc	59,227
Marsh Canada Limited	85,978
Mayne Pharma (Canada) Inc	253,871
McKesson Canada	3,857,255
Merit Printing Limited	59,926
Niesner Properties Inc	77,324
Novartis Pharmaceuticals Canada	2,172,394
Nucletron Corporation	69,387
Parliament Place Holdings Ltd	67,678
Phillips Medical Systems Canada	439,967
Prince Albert Parkland Health Region	53,826
Print-It Centres	89,932
Professional Western Computers	135,389
Regina Qu'Appelle Regional Health Authority	3,439,245
Rivera, Dr. Oscar	106,911
Royal Bank VISA	69,189
Saskatchewan Association of Healthcare Organizations (SAHO)	93,375
Sask Property Management Corporation	264,147
Sask Tel	56,648
Saskatoon Regional Health Authority	3,571,699
Siemens Canada Limited	180,961
Sigma Life Sciences Inc	104,650
Sunrise Regional Health Authority	83,312
University of Saskatchewan	92,391
Varian Medical Systems	3,167,028

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	335,313
Public Employees Disability Income Fund	59,993
Public Employees Pension Plan	1,424,446
Receiver General for Canada - Canada Pension Plan	674,869
Receiver General for Canada - Employment Insurance	384,488
SAHO - Core Dental Plan	156,053
SAHO - Extended Health Care Plans	69,382
SAHO - In-scope Health & Dental	406,593
Sask Workers' Compensation Board	319,646

STATISTICAL INFORMATION

New Cancers and Clinic Statistics

In 2005 there were 7,946 new cases of cancer diagnosed in Saskatchewan residents. Of these, 2,900 were non-melanoma skin cancers. The remaining 5,046 cases included 4,544 new invasive cases and 502 in situ cases of cancer. A new cancer case is a new unique site of cancer diagnosed, and not the number of people with a new cancer, because in a given year, a person could be diagnosed with more than one new cancer. The most common invasive cancer sites diagnosed in 2005 included breast (628 new cases), prostate (823 cases), lung (613 cases) and colorectal (640 cases). These four sites represented 59.5% of the new invasive cancer cases in 2005.

As part of the Agency's clinical management system initiative, a new registration and scheduling system was implemented in April 2005 for both the Allan Blair Cancer Centre and the Saskatoon Cancer Centre. The system enables the collection of more comprehensive and accurate appointment statistics as reported in the table below for the months of May through December.

	Allan Blair Cancer Centre	Saskatoon Cancer Centre
Examinations	13,463	12,049
Tests[1]	1,969	16,326
Chemotherapy	6,214	5,949
RT Pre-treatment[2]	1,131	1,996
RT Treatment	13,109	13,019
Other[3]	270	1,689
Total	**36,183**	**51,028**

Notes:

1. The difference between the clinics is because the Saskatoon Cancer Centre operates its own Phlebotomy clinic.
2. This category includes appointments for treatment planning and treatment simulation. Difference between the clinics is due to incomplete data entry for Allan Blair Cancer Centre.
3. The difference between the clinics is due to different admitting processes.

STATISTICAL INFORMATION

New Cancers and Clinic Statistics

In 2005 there were 7,946 new cases of cancer diagnosed in Saskatchewan residents. Of these, 2,900 were non-melanoma skin cancers. The remaining 5,046 cases included 4,544 new invasive cases and 502 in situ cases of cancer. A new cancer case is a new unique site of cancer diagnosed, and not the number of people with a new cancer, because in a given year, a person could be diagnosed with more than one new cancer. The most common invasive cancer sites diagnosed in 2005 included breast (628 new cases), prostate (823 cases), lung (613 cases) and colorectal (640 cases). These four sites represented 59.5% of the new invasive cancer cases in 2005.

As part of the Agency's clinical management system initiative, a new registration and scheduling system was implemented in April 2005 for both the Allan Blair Cancer Centre and the Saskatoon Cancer Centre. The system enables the collection of more comprehensive and accurate appointment statistics as reported in the table below for the months of May through December.

	Allan Blair Cancer Centre	Saskatoon Cancer Centre
Examinations	13,463	12,049
Tests[1]	1,969	16,326
Chemotherapy	6,214	5,949
RT Pre-treatment[2]	1,131	1,996
RT Treatment	13,109	13,019
Other[3]	270	1,689
Total	**36,183**	**51,028**

Notes:

1. The difference between the clinics is because the Saskatoon Cancer Centre operates its own Phlebotomy clinic.
2. This category includes appointments for treatment planning and treatment simulation. Difference between the clinics is due to incomplete data entry for Allan Blair Cancer Centre.
3. The difference between the clinics is due to different admitting processes.

Screening Program for Breast Cancer Statistics 2001-2005 (all ages)

Centre	2001	2002	2003	2004	2005
Regina -					
# of mammograms	9,545	9,000	8,881	9,428	8,904
# of abnormals	662	688	624	683	571
# of cancers	51	45	53	55	40*
Saskatoon -					
# of mammograms	7,137	6,876	7,028	7,148	7,209
# of abnormals	619	622	666	681	652
# of cancers	46	48	35	38	18*
Swift Current -					
# of mammograms	1,424	1,449	1,434	1,453	1,425
# of abnormals	83	93	104	102	77
# of cancers	5	9	9	4	2*
North Battleford -					
# of mammograms	1,537	1,626	1,464	1,573	1,605
# of abnormals	147	140	135	161	139
# of cancers	17	10	3	6	6*
Yorkton -					
# of mammograms	2,783	2,360	3,032	2,500	2,867
# of abnormals	198	149	170	168	144
# of cancers	13	13	18	15	11*
Moose Jaw -					
# of mammograms	1,886	1,914	1,793	1,738	1,907
# of abnormals	148	136	125	92	126
# of cancers	13	18	14	10	4*
Prince Albert -					
# of mammograms	2,427	2,477	2,382	2,778	2,294
# of abnormals	222	244	209	218	186
# of cancers	17	23	18	16	9*
Mobile -					
# of mammograms	9,549	8,760	9,632	9,489	9,529
# of abnormals	608	672	620	638	613
# of cancers	44	47	50	58	54*
Total -					
# of mammograms	36,288	34,462	35,646	36,107	35,740
# of abnormals	2,687	2,744	2,653	2,743	2,508
# of cancers	206	213	200	202	144*

* information on 2005 cancer diagnoses was incomplete at the time of publication

RESEARCH PROJECTS

Saskatchewan Cancer Agency Grants (2005-2006)

The Saskatchewan Cancer Agency provided $306,863 in grant money towards the following research projects:

Role of ankyrin3 in receptor-mediated endocytosis - Dr. D. Anderson
Cells express receptors on their surface that bind growth factors and cause cells to grow and survive. Some cancer cells express too many receptors, or receptors that are too active. This can result in too much cell growth and cell survival, causing the formation of a tumor. Overexpression of growth factor receptors is frequently found in both breast cancers and non-small cell lung cancer, the most common (>80%) of all malignant lung cancers and is associated with a poor prognosis.

We are studying how cells control the degradation of growth factor receptors. Normal cells reduce the expression of these growth factor receptors by sorting them into compartments within the cell known as lysosomes, where they are degraded. Our laboratory has been studying the role of the p85 subunit of phosphotidylinositol 3'-kinase during this process, since p85 remains bound to the receptor and has been shown to be required for targeting of the receptors for degradation. We have identified a second protein, ankyrin3, which binds to the p85 protein and is also important for receptor degradation. The experiments in this study involve determining how ankyrin3 is involved in the process of receptor degradation. These results will provide the basic understanding required for the development of new treatments aimed at reducing receptor levels and will hopefully reduce the aggressive growth properties of lung and breast cancer cells. These studies will lay the foundation for improved treatments for cancer patients and the improved health of Canadians.

Cell density dependent regulation of SRC gene expression in breast cancer cell lines - Dr. K. Bonham
The SRC gene product has been implicated in numerous human cancers and seems to be able to modulate many important cellular processes related to tumor growth and progression. The SRC gene encodes a non-receptor tyrosine kinase c-SRC. Activation and overexpression of c-SRC has been linked to the development of several human cancers, especially those of the colon and breast. Although c-Src can impact an impressive number of basic cellular processes its role in cellular adhesion and motility has been a recent focus. Numerous studies have shown that activated c-Src weakens cell-cell interactions, as well as impacting the ability of cells to migrate or metastasize. Surprisingly, we have determined that c-Src expression in breast cancer cells is highly dependent on cell density. This suggests that cell-cell contact induces c-Src expression. In this study, we are examining the mechanism of this induction. This may give us important new insights into c-Src's role in mediating cell-cell interactions and identify new pathways for intervention.

Characterization of the metastatic phenotype in breast cancer - Dr. S. Carlsen
This project involves delineating some of the unique properties of breast cancer cells capable of metastasis. Using a rat breast tumor model system, we have identified a series of genes whose expression is specifically turned off in highly metastatic cells. We have isolated both the rat and human homologues of these genes and are currently investigating the function of these genes. We have shown that one of these genes is involved in the regulation of expression of other genes, while the other is involved in the regulation of formation of cell surface carbohydrate structures. We have also found that DNA methylation is involved in the regulation of expression of these genes and are investigating the role of this in the metastatic process. This research will hopefully provide new information about what causes cancer cells to metastasize.

Leukemia Functional Genomics Group - Dr. J. DeCoteau
The Canadian Foundation for Innovation along with the Government of Saskatchewan and other local partners have provided $1 million for infrastructure support to establish a Leukemia Functional Genomics Group. This grant provides part of the start-up operating costs for this facility, which is located in the Cancer Research Unit of the Saskatchewan Cancer Agency.

A randomized phase II placebo-controlled double blind study using selenium in the treatment of secondary lymphedema in breast cancer patients - K. J. Joseph and P. Tai
Lymphedema is a devastating complication of breast cancer management. Oral selenium has been described as a treatment option for secondary lymphedema. The primary objective of this study is to asses the effectiveness of oral selenium in reducing secondary arm lymphedema in breast cancer patients who were treated with surgery including axillary nodal dissection and axillary radiotherapy for breast cancer. The secondary objective is to assess the incidence of adverse effects of selenium therapy. This study should give a definite answer regarding the effectiveness of treating lymphedema using selenium.

Effects of lung structure and function on dose for radiotherapy treatments of the lung - N. P. S. Sidhu, P. Cadman and K. Babcock
Effective treatment of lung cancer using radiotherapy is dependent on the precise deposition of energy within the tumor and the minimization of dose to healthy tissues. For 3D-CRT treatments, computed tomography (CT) images give the treatment planner a geometric representation of the electron density distribution within the patient's body. Resolution constraints in this technology do not allow the capture of sub-millimeter scale structures in the final processed image. In the lung, it's assumed that these structures do not significantly contribute to the overall shape of planned dose profiles. To validate this assumption, simulated treatments with and without sub-millimeter scale structures will be modeled and compared to determine whether they are equivalent in predicting dose within the lung. Since anatomical characteristics vary during respiration, this comparison will be carried out at various points throughout the breathing cycle. By identifying any shortcomings, modifications to current practices or alternate approaches can be developed with the goal of achieving better management of the patient's disease.

Combined radiation therapy and dendritic cell vaccine in treatment of breast and head and neck tumors - J. Xiang, A. Sami and A. El-Gayed
The long term objective of this study is to develop useful immunotherapy protocols for the treatment of cancer. The proposed study will evaluate the new immunotherapeutic strategy of combining conventional radiation therapy with the newly developed dendritic cell (DÇ) vaccine for the treatment of breast and head and neck tumors. This study has 4 main objectives, (i) generation and characterization of autologous DCs from peripheral blood of cancer patients, (ii) phenotypical and functional characterization of DCs with phagocytosis of radiation-induced apoptotic/necrotic human tumor cells, (iii) safety and toxicity study of injection of autologous DCs into tumors with radiotherapy, and (iv) potential therapeutic benefit of combined radiotherapy and intratumoral DC vaccine in the treatment of patients with breast and head and neck solid tumors.

External Grants (2005-2006)

Last year research grants worth over $1.3 million were obtained from local and national agencies to support the following research projects:

The role of p85 in PDGF receptor down-regulation- Dr. D. Anderson
Funded by the National Cancer Institute of Canada (NCIC)

Regulation of PTEN - Dr. D. Anderson
Funded by the Canadian Institutes of Health Research Regional Partnership Program (CIHR-RPP)

Transcriptional repression of the SRC promoter locus by histone deacetylase inhibitors - Dr. K. Bonham
Funded by the Canadian Institutes of Health Research (CIHR)

Real-time PCR Machine (Equipment Grant) - Dr. K. Bonham (co-applicant)
Funded by the Natural Sciences and Engineering Research Council of Canada (NSERC)

Epigenetic silencing of transforming growth factor beta pathway genes in human acute leukemia; Principle Investigator - Dr. J. DeCoteau, (Co-Applicants: A. Ross, A. Kusalik)
Funded by the CIHR

Genomic medicine and pathobiology group facilitation grant - Drs. DeCoteau and Geyer
Funded by the Saskatchewan Health Research Foundation (SHRF)

Leukemia functional genomics centre infrastructure operating grant- Drs. J. DeCoteau and R. Geyer
Canada Foundation for Innovation (CFI)

Role of PRDM1 in diffuse large B-cell lymphoma - Dr. J. DeCoteau
Lymphoma Foundation of Canada

Peptide aptamer-based protein detecting arrays - Dr. R. Geyer
Funded by NSERC

Target validation of nucleolar proteins using peptide aptamer technology - Dr. R Geyer
Funded by the NCIC-RRDP

N-myristoyltransferase: A novel molecular target for cancer - Dr. R. Sharma
Funded by the CIHR

Engineering of antibody affinity and immunogenicity under the guidance of a computational model of B72.3/TAG72 complex - Dr. J. Xiang
Funded by NSERC

Combined adenovirus-mediated gene therapy and dendritic cell vaccine in the treatment of solid tumors - Dr. Xiang
Funded by the CIHR

Novel adoptive engineered T cell therapy - Dr. Xiang
Funded by the CIHR

Structure/functional analysis of phage-derived molecularly designed loop peptides with affinity for the TAG72 epitope - Dr. Xiang
Funded by NSERC

Role of CD10 in Multiple Myeloma - Dr. E. Torlakovic and M. Voralia
Funded by the Royal University Hospital Foundation

CLINICAL TRIALS

The following is a listing of clinical trials participation during the reporting period.

Participation in Clinical Trials of the North Central Cancer Treatment Group (NCCTG) and the National Cancer Institute of Canada (NCIC)

For the period April 1, 2005 to March 31, 2006, the Allan Blair Cancer Centre and the Saskatoon Cancer Centre accrued a total of 149 patients in clinical trials. Fifty-four cancer patients were accrued in NCCTG clinical trials. Sixty patients were accrued in NCIC clinical trials. Eight patients were entered in drug company studies and 18 patients were entered on in-house treatment studies. The Allan Blair Protocol Office was following 490 patients in 63 different studies and had 40 active clinical trials during that time period. The Saskatoon Cancer Centre was following 531 patients in 47 different studies and had 16 active clinical trials.

Participation in Children's Oncology Group (COG)

Regina:

From April 1, 2005 to March 31, 2006, 16 patients were registered with the COG. Ten patients were enrolled on therapeutic and 6 patients on biology studies. Three patients, diagnosed in previous years, were enrolled on a COG late effects study and 2 patients were enrolled in an adherence study. The remaining patients were registered with COG and given standard treatment. We currently have 44 COG protocols open at our centre. Twenty patients, diagnosed in previous years, also received chemotherapy during this period. We provided follow-up data on 58 COG patients.

Saskatoon:

Between April 1, 2005 and March 31, 2006, 26 new pediatric cases were seen in Saskatoon Cancer Centre. Of these 26 new patients, 6 were enrolled on biology studies, 2 were enrolled in both biology and therapeutic studies and 4 were enrolled in treatment studies. The remaining 14 patients were registered with COG and given standard treatment. In addition, 1 relapsed adult patient was registered and treated on a COG study. During this time period, 16 new studies were approved and 59 protocols received annual re-approvals; 162 patients were being followed.

Participation in Radiation Therapy Oncology Group (RTOG) Clinical Trials

Regina:

At the Allan Blair Cancer Centre 4 RTOG clinical trials, 4 inhouse clinical trials, 1 drug company study and 2 intergroup trials were active. Fifteen patients were accrued on these trials and 49 patients were being followed.

Saskatoon:

During the reporting period from April 1, 2005 to March 31, 2006, three RTOG trials were active and 3 new patients were enrolled. Sixty-four patients were being followed up after completion of active treatment.

Provincial Malignant Hematology/Stem Cell Transplant Program Research Unit

The program established a clinical research unit in 2003, and has activated 18 national and international clinical trials in Hematology and Stem Cell Transplantation, as well as several collaborative basic science, translational, and clinicopathologic studies. Two multi-centre transplantation trials to be co-ordinated by program staff are under development. A total of 22 patients were accrued to clinical trials in the past fiscal year. Fourteen patients were accrued to NCIC Hematology/Transplant studies, representing almost 10% of the total national accrual. The Program also participates in multicentre studies with the Canadian Blood and Marrow Transplant Group, Center for International Bone Marrow Transplant Research and in direct collaborations with other Hematology/Transplant programs throughout Canada. During 2005-2006, 12 studies were open and 58 patients were being actively followed.

PUBLICATIONS

Ahmed S, Shahid RK, Sison CP, Fuchs A and Mehrotra B. (2006) Orbital lymphomas: a clinicopathologic study of a rare disease. Am J Med Sci. **331**, 79-83.

Ahmed S, Shahid RK, Rimawi R, Siddiqui AK, Rossoff L, Sison CP, Steinberg H and Rai KR. (2005) Malignant pleural effusions in lymphoproliferative disorders. Leuk Lymphoma **46**, 1039-44.

Ahmed S, Shahid RK and Russo LA. (2005) Unusual causes of abdominal pain: sickle cell anemia. Best Pract Res Clin Gastroenterol. **19**, 297-310.

Ahmed S, Siddiqui AK, Sison CP, Shahid RK and Mattana J. (2005) Hemoglobin oxygen saturation discrepancy using various methods in patients with sickle cell vaso-occlusive painful crisis. Eur J Haematol. **74**, 309-14.

Anderson DH (2006). Role of Lipids in the MAPK signalling pathway. Progress in Lipids Research, **45**, 102-119.

Anderson DH and Chamberlain MD (2005) Assay and stimulation of the Rab5 GTPase by the p85? subunit of phosphatidylinositol 3-kinase. Methods in Enzymology, **403**, Chapter 48, 552-561.

Brennan P, Scelo G, Hemminki K, Mellemkjaer L, Tracey E, Andersen A, Brewster DH, Pukkala E, McBride ML, Kliewer EV, **Tonita J**, Seow A, Pompe-Kirn V, Martos C, Jonasson JG, Colin D and Boffetta P. (2005) Second primary cancer among 109,000 cases of non-Hodgkin's lymphoma. Br J Cancer. **93**, 159-66.

Cadman P, McNutt T and Budznuik T. (2005). Validation of physics improvements for IMRT with a commercial treatment planning system. Journal of Applied Clinical Medical Physics. **6**, 74-86.

Carlson LE, Smith D, Russell J, **Fibich C**, and Whittaker T. (2006). Individualized exercise program for the treatment of severe fatigue in patients after allogeneic hematopoietic stem-cell transplant: a pilot study. Bone Marrow Transplant. **37**, 945-54.

Chalchal Haji I. (2006) Breast Cancer: preventing a relapse. The Canadian journal of CME: Jan 2006.

Chen Z, Xia D, Bi X, Saxena A, **Sidhu N**, El-Gayed A and **Xiang J**. (2005) Combined radiation therapy and dendritic cell vaccine for treating solid tumor with liver micrometastasis. J. Gene Med., **7**, 506-517.

Das S and **Sharma RK** (2005) Potential role of calmodulin-dependent cyclic nucleotide phosphodiesterase in human brain tumor. Oncology Reports **14**, 1059-1063.

Dean CM and **Anderson DH**. (2005) Measurement of the Interaction of the p85? subunit of phosphatidylinositol 3-kinase with Rab5. Methods in Enzymology, **403**, Chapter 47, 541-552.

Dickof P (2005), Density scaling artifacts in dosimetry calculations, Journal of Applied Clinical Medical Physics, **6**, 118-121.

Dong W-F, Scott S, Ichinohasama R, Hirsch C, Sheridan D, Sanche SE, **Geyer CR** and **DeCoteau JF** (2005) 5-aza-2'-deoxycytidine (decitabine) can relieve p21WAF1 repression in human acute myeloid leukemia by a mechanism involving release of histone deacetylase 1 (HDAC1) without requiring p21WAF1 promoter demethylation. Leuk. Res. **30**, 69-76.

Duggleby W and **Popkin DR** (2006). Effective Physician-Patient Communication at the End of Life: What Patients Want to Hear and How to Say It. Geriatrics & Aging. **9**, 129-132.

Fibich C. Management of Peripheral Stem-Cell Apheresis in: Kompendium Internistische Onkologie Teil 1 Schmoll, Hans-Joachim.; Springer, 2006.

Gordon J, Li F, Nayyar A, **Xiang J** and Zhang X. (2005) CD8+ dendritic cells tolerize Th2 responses via contact-dependent and independent mechanisms, and reverse airway hyperresponsiveness, Th2 and eosinophil responses in alergic lung disease/asthma. J. Immunol. **175**, 1516-1522.

Gupta V, Daly A, Lipton JH, **Hasegawa W**, Chun K, Kamel-Reid S, Tsang R, Yi QL, Minden M, Messner H and Kiss T (2005). Non-myeloablative stem cell transplantation for myelodysplastic syndrome or acute myeloid leukemia in patients 60 years or older. Biol Blood Marrow Transplant **11**, 764-772.

Hao S, Guo X, Moyana T and **Xiang J**. (2005) A novel approach to tumor suppression using microencapsulated engineered J558/TNF cells. Exp. Oncol. **27**, 56-60.

Hao S, Bi X, Dong W, Moyana T and **Xiang J**. (2005) Molecular and immunological characterization of progressive and regressive leukemia cell lines. Cancer Biother. Radiopharm. **20**, 284-293.

Hirsch CL, Smith-Windsor EL, Lawman Z and **Bonham K**. (2006) Src Family Kinase Members Share a Common Response to Histone Deacetylase Inhibitors in Colon Cancer Cell Lines. Int. J. Cancer. **118**, 547-554.

Huang H, Bi X, Yuan J, Xu S, Guo X and **Xiang J**. (2005) Combined CD4+ Th1 helper effect and chemokine lymphotactin transgene expression enhance CD8+ Tc1 tumor localization and therapy. Gene Ther. **12**, 999-1010.

Ignatiuk A, Quickfall JP, Hawrysh AD, Chamberlain MD and **Anderson DH**. (2006) The smaller isoforms of ankyrin 3 bind to the p85 subunit of phosphatidylinositol 3'-kinase and effect PDGF receptor down-regulation. J. Biol. Chem., **281**, 5956-64.

Jordan K, Grothey A, Kegel T, **Fibich C** and Schobert C. (2005) Antiemetic efficacy of an oral suspension of granisetron plus dexamethasone and influence of quality of life on risk for nausea and vomiting. Onkologie. **28**, 88-92.

Lakshmikuttyamma A, Selvakumar P, Charavaryamath C, Singh B, Tuchek J and **Sharma RK**. (2006) Expression of calcineurin and its interacting proteins in epileptic fowl. J Neurochem. 96, 366-373.

Lakshmikuttyamma A, Selvakumar P and **Sharma RK**. (2006) Interaction between heat shock protein 70 kDa and calcineurin in cardiovascular systems. Int J Mol Med **17**, 419-423.

Lakshmikuttyamma A, Selvakumar P, Kanthan R, Kanthan S and **Sharma RK**. (2005) Increased expression of calcineurin in human colorectal adenocarcinomas. J Cell Biochem **95**, 731-739.

Lakshmikuttyamma A, Selvakumar P, Sharma AR and **Sharma RK**. (2005) Involvement of calcineurin in ischemic myocardium. Int J Angiol **14**, 1-6.

Liu Y, Bi X, Xu S and **Xiang J**. (2005) Tumor-infiltrating dendritic cell subsets of progressive and regressive tumors induce suppressive or protective immune responses. Cancer Res. **65**, 1-8.

Liu Y, Xia D, Li F, Zheng C and **Xiang J**. (2005) Intratumoral administration of immature dendritic cells following the adenovirus vector encoding CD40L elicits significant regression of established tumors. Cancer Gene Ther., **12**, 122-132.

Mahmud A, **Tonita J**, Robinson C, Chalchal I, **Sheils R** and Brundage, M. (2005) Are There long term survivors with Glioblastoma? Results of a population based study. Radiother. & Oncol. **76**, (Supp.) 1-141.

Mahon, ES, Hawrysh AD, Chagpar R B, Johnson, LM and **Anderson DH**. (2005) A-Raf associates with and regulates platelet-derived growth factor receptor signalling. Cellular Signalling, **17**, 857-868.

Mellemkjaer L, Friis S, Olsen J, Scelo G, Hemminki K, Tracey E, Andersen A, Brewster D, Pukkala E, McBride M, Kliewer E, **Tonita J**, Kee-Seng C, Pompe-Kirn V, Martos C, Jonasson J, Boffetta P and Brennan P. (2006) Risk of Second Cancer Among Women with Breast Cancer. Int J Cancer. **118**, 2285-2292.

Pasha MK and **Sharma RK**, Rajput AH (2005) Increased myocardial N-myristoyltransferase activity in rotenone model of Parkinsonism. Int J Mol Med **15**, 987-99.

Popkin DR (2006). Experts on Call; Concerned about ovarian cancer: Answer to Question "What screening technique can be used successfully for asymptomatic patients concerned about ovarian cancer?". Canadian Journal of Diagnosis **23**, 28.

Sandeep TC, Strachan MW, Reynolds RM, Brewster DH, Scelo G, Pukkala E, Hemminki K, Anderson A, Tracey E, Friis S, McBride ML, Kee-Seng C, Pompe-Kirn V, Kliewer EV, **Tonita JM**, Jonasson JG, Martos C, Boffetta P and Brennan P. (2006) Second primary cancers in thyroid cancer patients: a multinational record linakage study. J Clin Endocrinal Metab. **91**, 1819-25.

Scelo G, Boffetta P, Hemminki K, Pukkala E, Olsen JH, Andersen A, Tracey E, Brewster DH, McBride ML, Kliewer EV, **Tonita J**, Pompe-Kirn V, Chia KS, Jonasson JG, Martos C, Colin D and Brennan P. (2006) Associations between small intestine cancer and other primary cancer: An international population-based study. Int J Cancer. **118**, 189-196.

Selvakumar P, Lakshmikuttyamma A, Anderson DH and **Sharma RK** (2005) Molecular cloning, expression, purification and characterization of calcineurin from bovine cardiac muscle. Biochimie **87**, 975-983

Selvakumar P, Lakshmikuttyamma A, Charavaryamath C, Singh B, Tuchek J and **Sharma RK** (2005) Expression of N-myristoyltransferase and its interacting proteins in epilepsy. Biochem Biophys Res Commun **335**, 1132-1139.

Selvakumar P, Lakshmikuttyamma A, Dimmock JR and **Sharma RK** (2005) Myristoylation and cell signalling: Involvement of heat shock protein 70 family. Recent Res Devel Life Sci **3**, 75-82.

Selvakumar P, Smith-Winsor E, **Bonham K** and **Sharma RK**. (2006) N-myristoyltransferase 2 expression in human colon cancer: cross talk between calpain and caspase system. FEBS Letters. **580**, 2021-2026.

Sharma RK (2006) Assay and purification of calmodulin-dependent protein kinase. Calcium Signalling Protocols: Method in Molecular Biology (Lambert DC ed) Humana Press 312, 305-324.

Sharma RK (2006) Assay and purification of calmodulin-dependent cyclic nucleotide phosphodiesterase and separation of isozymes of enzymes. Calcium Signalling Protocols: Method in Molecular Biology (Lambert DC ed) Humana Press **312**, 325-342.

Shen M, Boffetta P, Olsen JH, Andersen A, Hemminki K, Pukkala E, Tracey E, Brewster DH, McBride ML, Pompe-Kirn V, Kliewer EV, **Tonita JM**, Chia KS, Martos C, Jonasson JG, Colin D, Scelo G and Brennan P. (2006) A pooled analysis of second primary pancreatic cancer. Am J Epidemiol. **163**, 502-511.

Shi M, Hao S, Qureshi M, Guo X, Zheng C and **Xiang J** (2005) Significant tumor regression by microencapsulated recombinant tumor cells secreting recombinant fusion protein. Cancer Biother Radiopharm **20**, 254-263.

Shi M, Hao S, Su L, Yuang J, Bi X, Guo X and **Xiang J** (2005) Vaccine of engineered tumor cells secreting stromal cell-derived factor-1 induces T-cell-dependent antitumor responses. Cancer Biother. Radiopharm **20**, 401-408.

Shi M, Su L, Hao S, Guo X and **Xiang J**. (2005) Fusion hybrid of dendritic cells and engineered tumor cells expressing IL-12 induce type 1 immune response against tumor. Tumori, **91**, 562-569.

Shi M, Xu S, Bi X and **Xiang J**. (2005) Increased number of CD3 positive NKT cells in aged mice suppresss antitumor immune responses. Exp Oncol. **27**, 125-129.

Shrivastav A, George T, Selvakumar P, **Sharma RK** (2005) N-myristoyltransferase in eye. Recent Res Devel Life Sci **3,** 83-91.

Shrivastav A, Selvakumar P, Bajaj G, Lu Y, Dimmock JR, **Sharma RK** (2005) Regulation of N-myristoylation by novel inhibitor proteins. Cell Biochem Biophys **43**, 189-202.

Tabori U, Sung L, Hukin J, Laperriere N, Crooks B, Carret AS, Silva M, Odame I, **Mpofu C**, Strother D, Wilson B, Samson Y and Bouffet E. (2006) Canadian Pediatric Brain Tumor Consortium. Distinctive clinical course and pattern of relapse in adolescents with medulloblastoma. International Journal of Radiation Oncology, Biology, Physics. **64**, 402-7.

Tabori U, Sung L, Hukin J, Laperriere N, Crooks B, Carret AS, Silva M, Odame I, **Mpofu C**, Strother D, Wilson B, Samson Y and Bouffet E. (2005) Canadian Pediatric Brain Tumor Consortium. Medulloblastoma in the second decade of life: a specific group with respect to toxicity and management: a Canadian Pediatric Brain Tumor Consortium Study. Cancer **103**, 1874-80.

Tai P, Yu E (2005). Lung Cancer Trends Part 2: Rest of the World other than North America. Curr Oncol, **12**, 83-102.

Tai P, Yu E, **Shiels R** and **Tonita J** (2005). Long-term survival rates of laryngeal cancer patients treated by radiation and surgery, radiation alone, and surgery alone: studied by lognormal and Kaplan-Meier survival methods. BMC Cancer, **5**, 13.

Tai P, Cserni G, Van De Steene J, Vlastos G, Voordeckers M, Royce M, Lee SJ, Vinh-Hung V and Storme G (2005). Modeling the Effect of Age in T1-2 Breast Cancer using the SEER Database. BMC Cancer, **5**, 130.

Tai P, Yu E, **Shiels R**, **Pacella J**, Jones K, **Sadikov E** and **Mahmood S** (2005). Short- and long-term cause-specific survival of patients with inflammatory breast cancer. BMC Cancer, **5**, 157.

Tai P, Yu E, Cserni G, Vlastos G, Royce M, Kunkler I and Vinh-Hung V (2005). Minimum follow-up time required for the estimation of statistical cure of cancer patients: verification using data from 42 cancer sites in the SEER database. BMC Cancer, **5**, 48.

Wu Q, Xia D and **Xiang J**. (2005) Adenovirus-mediated gene delivery of dendritic cells. Curr. Gene Ther. 5, 237-247.

Xiang J, Huang H and Liu Y. (2005) A new dynamic model of CD8 CTL incuction via sequential two-cell interactions of CD4 T helper APCs. J. Immunol. **174**, 7497-7505.

Yang SH, Shrivastav A, Kosinsk C, **Sharma RK**, Gavino B, Chen MH, Peters L, Chuang PT, Young SG and Bergo M (2005) N-myristoyl-transferase 1 is essential for early mouse development. J Biol Chem **280**, 18990-18995.

Zhang X, Yuan J, Sun D, Hou W, Gordon J and **Xiang J**. (2005) CD4-CD8- dendritic cell subset pulsed with tumor antigen induces CD4+CD25+ Tr1 cells which inhibit tumor-specific CD8+ T cell activation in vitro and antitumor immunity in vivo. J. Immunol. **175**, 2931-2937.

Zhu L, Le T, **Popkin D**, and Olatunbosun O (2005). Quality of Life Analysis in the Management of Endometrial Cancer. American Journal of Obs. And Gyn. **192**, 1388-90.

ABSTRACTS AND PROCEEDINGS

Ahmed S, Shahid RK, Sami A, Ahmad I, Yadav S, Mirchandani D, Popkin D and **Haider K.** Small Bowel Adenocarcinoma and Associated Malignancies (Abstract No: 4088) ASCO 2005.

Ali SK, Belletruti M, Barnard D, Chan A, David M, Luke B, Price V, Ritchie B and Wu J. A ten year survey of chronic immune thrombocytopenic purpura in Canadian Children, 1984-2003: Report of the Canadian chronic ITP working group. 46th Annual meeting of the American Society of Hematology, December 2004, Blood 2004; 104(11):70b.

Ali K, Riddell B and Jan A. Demography of First Nations children with cancer in Saskatchewan, Canada: 1970-2000. 37th Congress of the International Society of Pediatric Oncology (SIOP): Vancouver, 24 September 2005 (Abstract # 141).

Ali K, Riddell B, Leung E and Mpofu C. Long-term survival and late effects of central nervous system tumors in children of Saskatchewan: 1970-1999. North American Association of Central Cancer Registries Annual Meeting June 7-9, 2005, Cambridge, Mass. (Abstract # P 045).

Alvi R, Tonita J and **Tai P**. Assessing quality of life in prostate cancer patients before and after radiation therapy. Annual Meeting and Workshops of the North American Association of Central Cancer Registries, Boston/Cambridge, M.A., June 4-11, 2005, Poster 01, p 80.

Chalchal HI, Derakhshan M, Kazmi N, Cheshenckuk S, **Tonita J** and **Salim M**. Disease free survival (DFS) of Breast cancer patients with Invasive mucinous/tubular (M/T) carcinoma vs invasive ductal/lobular (D/L) carcinoma relative to the grade of the tumor. Poster presentation at 28th Annual San Antonio Breast Cancer Symposium 2005. Abstract # 3035.

Chamberlain MD and **Anderson DH**. Role of the p85 subunit of PI3-kinase in the regulation of Rab proteins during Endocytosis of the PDGFR. Poster L269 at the 45th Amercian Society for Cell Biology Annual Meeting in San Francisco, CA December 10-14, 2005.

Chamberlain MD and **Anderson DH**. Role of the p85 subunit of PI3-kinase in the regulation of Rab proteins during Endocytosis of the PDGFR. Poster at the "Signalling in Normal and Cancer Cells" meeting in Banff, Alberta March 3-7, 2006.

Chapman JW, Yu E, Royce M, and **Tai P**. Prognosis of limited-stage small-cell lung cancer affected by statistical method of assessment. American Association for Cancer Research Annual Meeting, Anaheim, C.A., Apr 16-20, 2005 (abstract 476)

Chapman JW, Yu E, Royce M and **Tai P**. Prognosis of limited-stage small-cell lung cancer affected by statistical method of assessment. Annual Meeting. Proceedings of the Statistical Society of Canada, Saskatoon, SK, Jun 12-15, 2005 (abstract 17)

Dong, W-F, Takahashi N, Bainbridge M, Hull A, Pastural E, Pearson D, Huang S **DeCoteau JF** and **Geyer, CR** (2005). RIZ1 tumor suppressor regulates IGF-1 autocrine loop and controls cell proliferation, apoptosis, and differentiation in chronic myeloid leukemia blast crisis cell lines. American Society of Hematology; 106: 1028.

Jones K, **Alvi R, Tonita J** and **Tai P**. A prospective study to assess quality of life in prostate cancer patients after radiation therapy. Canadian Association of Radiation Oncologists Annual Meeting, Sept 7-10, 2005, Victoria, BC., (abstract 127).

Klaassen RJ, Barrowman N, Barr RD, Krahn M, Hughes J, Rogers P, Anderson R, Grundy P, **Ali SK**, Yanofsky R, Jardin L, Abla O, Silva M, Carret AS, Barnard D and Cappelli M. PEDSQLTM and EUROQOL most responsive measures to change in health-related quality of life in children with Hodgkin's Disease. Poster presentation, 47th Annual Meeting of the American Society of Pediatric Hematology, New Orleans, 3-6 December 2005 (Abstract # 1466).

Lee SJ, Wallace AM, Royce ME, Chapman JW and **Tai P**. Improvements of breast cancer (BC) cure fractions in Surveillance, Epidemiology, and End Results (SEER) estimated using CanSurv Software. San Antonio Breast Cancer Symposium, San Antonio, T.X., Dec 8-11, 2005 (abstract 6023)

Liu Y and **Xiang J**. (2005) Functional acquisition of antigen presentation machinery by CD4 T cells via T-dendritic cell interaction. International Symposium on Human Health Effects of Food. Quebec City, Quebec, Canada, August 17-20, 2005.

Mulatsih S, Sutaryo, **Ali K**, Sugiyarto R, and Purwanto. A five year review of children with neuroblastoma at Dr. Sardjito Hospital, Yogyakarta, Indonesia: 1999-2004. 37th Congress of the International Society of Pediatric Oncology (SIOP): Vancouver, 23 September 2005 (Abstract # 506).

Pastor MC, Chagpar RB and **Anderson DH**. Tumor Suppressor PTEN: Attenuating the PI3K/Akt Pathway. Poster at the "Signalling in Normal and Cancer Cells" meeting in Banff, Alberta March 3-7, 2006.

Royce M, Lee S-J, Wallace AM, Woodward WA, Ueno N, Vinh-Hung V, and The International Nodal Ratio Working Group (**Tai P**). Lymph node ratio (LNR) is better survival predictor than conventional nodal categories: a Surveillance, Epidemiology, and End Results (SEER) database analysis for node-positive breast cancer (BC). San Antonio Breast Cancer Symposium, San Antonio, T.X., Dec 8-11, 2005, 2005 (abstract 6025)

Scott SA, Dong WF, Takahashi N, Ichinohasama R, Sheridan DP, **Geyer CR and DeCoteau JF** (2005). Zebularine, a cytidine deaminase and DNA methylation inhibitor, has in vitro growth inhibitory effects on human leukemia cells in association with demethylation and re-expression of p15INK4B. Proc Amer Assoc Cancer Res 46:[Abstract 1818].

Selvakumar P, Ashakumary L and Dimmock JR, **Sharma RK** (2005) Role of heat shock cognate protein 70 on the regulation of N-myristoyltransferase. 14th International Symposium on Calcium and Calcium Binding Proteins in Health and Disease. Abstract #P8.

Selvakumar P, Dimmock JR and **Sharma RK** (2005) Heat shock cognate protein 70 interacts with/and inhibits human N-myristoyltransferase type 1. 96th Annual Meeting of American Association for Cancer Research. April 16-20 Abstract # 2369

Selvakumar P, Lakshmikuttyamma A, Dimmock JR and **Sharma RK** (2005) Role of heat shock cognate protein 70 on the regulation of N-myristoyltransferase. Proc Can Fed Biol Soc F49, page 129.

Shrivastav A, Lawman Z, Bonham K and **Sharma RK** (2005) Role of N-myristoyl-transferase inhibitor protein in differentiation of myeloid progenitors (U937 cells). 96th Annual Meeting of American Association for Cancer Research. April 16-20 Abstract # 4588.

Skarsgard D, Cadman P, Wu J, Newcomb C, Pearcey R, Murray B and **El-Gayed A** (2005). Planning target volume margins for prostate radiotherapy using daily electronic portal imaging and implanted fiducial markers. ECCO 2005, Paris, October, 2005 (Abstract 834)

Steele JM, Sung L, Klaassen R, Fernandez C, Yanofsky R, Wu J, Odame I, Silva M, **Ali K**, Brossard J, Samson Y, Champagne J, Abish S, Le D, Jardine L, Hand J P, Dower N, Lipton J, Freedman M, Charpentier K, Morgovsky L, Stephens D and Drorand Y. Canadian Inherited Marrow Failure Registry. Disease Progression in Recently Diagnosed Patients with Inherited Marrow Failure Syndromes: A Report from the Canadian Inherited Marrow Failure Registry. (Submitted to PAS/ASPHO Meeting, Washington D.C.: 14-17 May, 2005.) (Abstract # 382).

Supriyadi E, Sutaryo, **Ali SK**, Purwanto, Widjayanto PH and Mulatsih S. Epidemiology of solid tumors in the Yogyakarta Pediatric Cancer Registry: 1996-2004. 37th Congress of the International Society of Pediatric Oncology (SIOP): Vancouver, 23 September 2005 (Abstract # 954).

Strome G, Nieto Y, Vinh-Hung V, Hortobagyi GN, and the International Nodal Ratio Working Group (Tai P). Lymph node ratio as prognostic factor in node-positive breast cancer. The European Cancer Conference ECCO13, Paris, 30 Oct-3 Nov, 2005 (abstract 272)

Tai P, Yu E, **Skarsgard D, Tonita J** and Jones K. Syndrome of inappropriate antidiuretic hormone (SIADH) in patients with limited stage small cell lung cancer. Canadian Association of Radiation Oncologists Annual Meeting, Sept 7-10, 2005, Victoria, BC., (abstract 143)

Tai P, Shiels R, Jones K, **Mahmood S** and Hammond A. Analysis of treatment for vaginal cancer. Canadian Association of Radiation Oncologists Annual Meeting, Sept 7-10, 2005, Victoria, BC., (abstract 133)

Truong P, Cserni G, Woodward W, Janni W, **Tai P**, Vlastos G, Vinh-Hung V, and the International Nodal Ratio Working Group. The Prognostic Impact of the Axillary Lymph Node Ratio (LNR) in Patients with Micrometastatic Node-Positive Breast Cancer. San Antonio Breast Cancer Symposium, San Antonio, T.X., Dec 8-11, 2005 (abstract 3008).

Ueono NT, Cserni G, Wallace AM, Janni W, Royce M, Yago N, Vinh-hung V, and The International Nodal Ratio Working Group (**Tai P**). Lymph node ratio as a prognostic factor in metastatic breast cancer. San Antonio Breast Cancer Symposium, San Antonio, T.X., Dec 8-11, 2005 (abstract 3021)

Van den Berghe J, Fesser J, **Hasegawa W** and **Voralia M**. A comparison of molecular prognostic tests in multiple myeloma. Poster presented at 2006 Tandem Bone Marrow Transplant Meetings, Honolulu, HI., February 2006.

Vinh-Hung V, Cserni G, De Ridder M, **Tai P**, Soete G, Promish D and Storme G. Lymph node ratio as prognostic factor in digestive tumours. The European Cancer Conference ECCO13, Paris, 30 Oct-3 Nov 2005 (abstract 738)

Vinh-Hung V, **Tai P**, Cserni G, De Ridder M, Promish D, Soete G and Storme G. Lymph node ratio as prognostic factor in node-positive colorectal cancer. The European Cancer Conference ECCO13, Paris, 30 Oct - 3 Nov, 2005 (abstract 618)

Vinh-Hung V, **Tai P**, Royce M, Wofgang J, Cserni G, Wallace AM, Soete G, Vlastos G, Voordeckers M and Storme G. Method of statistical interaction applied to the survival analysis of node-positive breast cancer: subgroup effects of tumor location and post-surgery radiation treatment. American Society for Therapeutic Radiology and Oncology Meeting, 47th annual meeting, Denver, CO, Oct 16-20, 2005 (abstract S54)

Wu J, **Skarsgard D**, Pearcey R, **Cadman P**, Murray B and Newcomb C, (2005). Early experience of a multicentre phase I/II study of hypofractionated radiotherapy (55Gy/16 fractions/4 weeks) for localized prostate cancer. ECCO 2005, Paris, October, 2005 (Abstract 848).

Xiang J. (2005) T-APCs play an important role in Th-dependent CTL responses. Experimental Biology 2005, San Diego, CA, March 31-April 5, 2005.

Xiang J. (2005) A new dynamic model of CD8 T effector cell responses via CD4 T helper-antigen presenting cells . 96th Annual Meeting for AACR, Anaheim, Orange County, CA, April 16-20, 2005.

Xiang J. (2005) T-APCs play an important role in Th-dependent CTL responses. The 3rd Congress of the Federation of Immunology Society of Asia-Oceania (FIMSA 2005), Hangzhou, China, April 18-22, 2005.

Yadav SK, Haider K, Yadav AS, Sami A, Mirchandani D, Ahmad I, Alvi R and **Ahmed S**. Long term outcomes in malignant hemangiopericytoma (Abstract No: 9072) ASCO 2005.

Yu E, **Tai P**, Rodrigues G, Ash R, Stitt L, Dar RA, Truong P, Videtic GM, Malthaner R, Inculet R, Tomiak A, Younus J, Dingle B, Kocha W and Vincent M. Extended versus small field irradiation in high risk post esophagectomy patients receiving combined chemoradiation therapy : A decade experience in treatment of esophageal cancer. Canadian Association of Radiation Oncologists Annual Meeting, Sept 7-10, 2005, Victoria, BC, (abstract 150)

SYLVIA FEDORUK PRIZE IN MEDICAL PHYSICS

Dr. Sylvia O. Fedoruk, a Medical Physicist with 35 years of dedicated and distinguished service to the Saskatchewan cancer program, retired in December 1986. On the occasion of Dr. Fedoruk's retirement, the Board of the Saskatchewan Cancer Agency announced the establishment of the Sylvia Fedoruk Prize in Medical Physics in honour and recognition of her contributions to cancer control.

This annual award is presented to the author selected as having published the best paper in Medical Physics in the preceding year and must relate to work carried out within a Canadian institution. An anonymous selection committee, appointed jointly by the Canadian College of Physicists in Medicine and the Canadian Organization of Medical Physics, reviews the entries and recommends the successful candidates.

The award for 2005 was presented to: *Guy-Anne Turgeon, Glen Lehmann, Gerard Guiraudon, Maria Drangova, David Holdsworth and Terry Peters.* "2D-3D registration of coronary angiograms for cardiac procedure planning and guidance," published in Medical Physics **32**, 3737-3749 (2005).

Past winners include the following:

1995 *Wei Zhao, John Rowlands*, co-authors of the paper, "X-ray using amorphous selenium: Feasibility of a flat panel self-scanned detector for digital radiology," published in Medical Physics.

1996 *Chris Henry, Terry Peters*, co-authors of the paper, "Three-dimensional reconstruction of vascular trees. Theory and methodoloy," published in Medical Physics.

1997 *Corey Zankowski, Ervin Podgorsak*, co-authors of the paper, "Calibration of photon and electron beams with an extrapolation chamber," published in Medical Physics.

1998 *Robin Kelly, Kevin Jordan, Jerry Battista*, co-authors of the paper, "Optical CT Reconstruction of 3D Dose Distributions using the FBX Gel Dosimete," published in Medical Physics.

1999 *Pratondo Busono, Esam Hussein*, co-authors of the article, "Algorithms for density and composition-discrimination imaging for fourth-generation CT system," published in Physics in Medicine and Biology.

2000 *Martin Lachain, B. Gino Fallone*, co-authors of the article, "Monte Carlo Simulations of X-ray induced Recombination in Amorphous Selenium," published in Journal of Physics D: Applied Physics.

2001 *B.M.C. McCurdy, K. Luchka, and S.Pistorius*, co-authors of the paper, "Dosimetric investigation and portal dose image prediction using an amorphous silicon electronic portal imaging device," published in Medical Physics.

2002 *J.H. Siewerdsen, I.A. Cunningham and D.A. Jaffray*, co-authors of the article, "A framework for noise-power spectru analysis of multidimensional images," published in Medical Physics.

2003 *Abbas Samani, Jonathan Bishop, Chris Luginbuhl and Donald B. Plewes.* "Measuring the elastic modulusof ex vivo small tissue samples," published in Physics in Medicine and Biology, volume 48, pages 2183-2198.

2004 *P. C. Johns and M. Wismayer*, "Measurement of coherent x-ray scatter form factors for amorphous materials using diffractometers," Phys. Med. Biol. 49, pp. 4233-5250.

INFORMATION

Public information available:

- Annual Report
- Saskatchewan Cancer Control Report - Profiling Trends in Cancer, 1970-2001
- Saskatchewan Cancer Control Report 2004- Profiling Cancer in Regional Health Authorities
- Saskatchewan Cancer Agency brochures

Saskatchewan Cancer Agency contact numbers:

Head Office (Regina) • 306-585-1831

Allan Blair Cancer Centre (Regina) • 306-766-2213

Regina Cancer Patient Lodge • 306-359-3166

Saskatoon Cancer Centre • 306-655-2662

Saskatoon Cancer Patient Lodge • 306-242-4852

Health Research (Saskatoon) • 306-655-2778

Prevention and Early Detection •
Toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator •
Toll-free in Canada 1-866-577-6489

DONATIONS

We are very grateful to all of our donors for their generous support of our programs. This year the Agency received $903,000 in donations.

Donors over $2,000:

Cancer Research

- Rawlco Radio sponsors the C95 Radio Marathon for breast cancer research. Contributors to the marathon included:
  - Lisa Rendall Golf Classic
  - Novakoski Quality Collision
  - Krazy Kiley's
  - Joanne Cymbalisty Memorial Breast Cancer Benefit
  - Willows Golf Club
  - Grund Development Corp.
  - Boehm's Physiotherapy Clinic
  - TCU Financial Group
  - Kelly Shires Breast Cancer Snow Run for Fun
- Warner Truck Industries Ltd.
- Superior Propane
- The Legion of Frontiersmen "R" Squadron

Saskatoon Cancer Centre and Lodge

- Grand Chapter of the Saskatchewan Order of the Eastern Star
- Walmart Canada Corp
- Millicent Marshall
- Berlex Canada Inc.
- Pearl Elenko
- Peter Siemens
- Margway Holdings Ltd.
- Janssen Ortho Ltd.
- Western Westlund and Emco for their annual contribution from the Jack Currie Memorial Golf Tournament
- University of Calgary
- August & Ruth Smeby

Allan Blair Cancer Centre and Lodge

- Estate of Edith M. Humble
- Shirley Leibel
- Ukrainian Orthodox Pro-Cathedral
- Clara Maurice

Screening Program for Breast Cancer

- Ladies of Harley Bike Ride
- Breasts of Friends Cookbooks

Saskatchewan Cancer Agency - general

- Neil Zinger

Saskatchewan
Cancer Agency

Saskatchewan Cancer Agency
- Head Office
Suite 400, 2631 28th Avenue
Regina, Saskatchewan
S4S 6X3

Saskatoon Cancer Centre
20 Campus Drive
Saskatoon, Saskatchewan
S7N 4H4

Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 7T1

Prevention and Early Detection
952 Albert Street
Regina, Saskatchewan
S4R 2P7

Quality of Care Coordinator
Saskatchewan Cancer Agency
Toll-free in Canada
1-866-577-6489

Saskatoon Cancer Patient Lodge
1036 College Drive
Saskatoon, Saskatchewan
S7N 0W1

Regina Cancer Patient Lodge
4104 Dewdney Avenue
Regina, Saskatchewan
S4T 1A3

Health Research
20 Campus Drive
Saskatoon, Saskatchewan
S7N 4H4

Visit our new website at:
www.saskcancer.ca